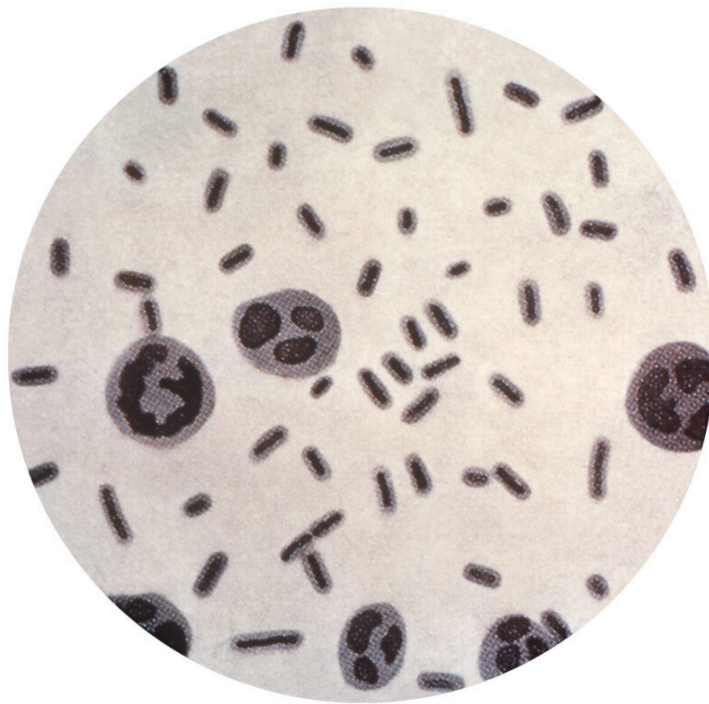


Merck discontinues a crucial antibiotic despite concerns over superbug resistance

The antibiotic was pegged as a treatment of last resort by the Food and Drug Administration



Klebsiella pneumoniae CDC

By Ed Silverman Sept. 28, 2026

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In an unexpected move, Merck discontinued an important antibiotic from the U.S. market earlier this month, underscoring concerns about the commitment large pharmaceutical companies are willing to make to a field that is crucial to public health.

The drugmaker is no longer supplying Recarbrio, which was approved seven years ago and is used to treat serious infections in adults and children, such as pneumonia that develops from a hospital or ventilator, as well as complicated urinary tract and stomach infections in patients with limited or no alternative treatment options.

The company did not explain its decision, but the antibiotic — a three-drug combination injection — was pegged from the outset as a treatment of last resort by the Food and Drug Administration in hopes of mitigating antibiotic resistance. However, this also limits market and sales potential. Merck did not disclose Recarbrio sales in its regulatory filings.

In a note, a Merck spokeswoman said that “as part of our ongoing portfolio review, our company has made the decision to voluntarily discontinue the manufacturing and marketing of Recarbrio in the U.S. This decision is not related to any product safety or quality issues.”

As a result, the U.S. market will be left with just one antibiotic approved for the same three uses for combating KPC, a superbug that produces an enzyme that makes most germs resistant to antibiotics, according to John Rex, editor of the AMR Solutions newsletter and chief medical officer at F2G, which develops novel treatments for fungal infections.

“That’s why this is an important loss,” he said. “There’s now just one.”

The decision comes as public health officials continue to raise alarms about the dearth of new antibiotics available and uncertain measures taken to address antimicrobial resistance, which remains one of the most urgent global health threats, causing more than one million deaths annually.

Antibiotic resistance occurs when microbes evolve in ways that make them impervious to existing drugs, which makes infections harder to treat and causes deaths that would have been preventable. Overuse is an issue, which explains why the FDA reserved Recarbrio for patients with “limited or no alternative antibacterial drugs.”

Without intensified action, it is estimated that 39 million deaths traced to antibiotic resistance will occur by 2050, according to an analysis published two years ago in The Lancet. In the U.S., more than 2.8 million antimicrobial-resistant infections occur each year, according to data from the Centers for Disease Control and Prevention.

Nonetheless, few new antibiotics have reached medicine cabinets or hospital storage facilities over the past two decades. Last October, the World Health Organization released a report noting that the number of antibacterial medicines under development fell to 90 early last year from 97 in 2023. Of those, just 15 were deemed innovative.

And the biggest drugmakers are not doing their part, according to an analysis released earlier this year by the Access to Medicine Foundation, an independent nonprofit. The number of potential antimicrobial treatments being developed by the world's largest pharmaceutical companies dropped by 35% — from 92 to 60 — over the past five years.

A key reason is that antibiotics are usually used for short periods of time and often only when necessary to slow resistance from developing. As a result, antibiotics generate less revenue than medicines to fight chronic diseases, which typically require steady doses of medication for an extended period.

“We have used [Recarbrio], but very rarely, like one time per year. It’s not a large impact for us, but we don’t see a lot of severe resistance,” said Erin Fox, associate chief pharmacy officer the University of Utah Health, which operates five hospitals and a dozen community health centers. “We’re very lucky in our antibiogram,” a snapshot of antibiotic susceptibility in a specific health care.

This explains why some smaller companies have closed their doors in recent years while attempting to build sales for their antibiotics — there were four such closures between 2019 and 2023 — and why many large drugmakers withdrew from antibiotic research and abandoned the market.

“Big pharma has been leaving infectious disease R&D for some time now and biotech companies filling that gap have little bandwidth to commercialize and scale up what they innovate, and many have gone bankrupt,” explained Jayasree Iyer, who heads the Access to Medicine Foundation.

“Companies leaving or discontinuing a product often cite little commercial value, which is true, as these products are not going to bring in the profits or even revenues at high volumes. But they are critical products and I still think a company as large as Merck has the bandwidth to keep production running compared to a biotech company,” she added.

As it so happens, Merck is one of the original backers of the AMR Action Fund, a venture announced in 2020 to tackle antibiotic resistance by investing in small companies that can develop two to four novel antibiotics by 2030. The effort began with

\$1 billion in backing from several large drugmakers, the European Investment Bank, and Wellcome Trust.

So far, the fund has closed 14 investments and hopes to complete three or more by the end of next year, according to Henry Skinner, who has headed the venture since it began. He remains optimistic about the fund, which has so far invested about \$300 million in various companies and is likely to be extended beyond 2030.

But Skinner expressed surprise about Merck's decision, noting that "it took a lot of capital" to win U.S. regulatory approval for three key indications. "It's striking," he said. "It's not a trivial amount of work or money they put into this. To my eye, they did all the right things and still, here we are."

Various governmental efforts are under way to boost antibiotic development.

In the U.S., legislation known as the Pasteur Act was reintroduced in both the House and Senate earlier this year. The goal is to encourage drug development by creating a subscription-style business model in which the U.S. government offers upfront payments to drugmakers in exchange for unlimited access to their antibiotics.

By doing so, companies could recover their costs and make an appropriate profit without having to sell large volumes of antibiotics. But its fate is uncertain given that several previous efforts to pass the legislation came up short amid criticism that the funding could amount to a giveaway to pharmaceutical companies.

The U.K. created the Antimicrobial Products Subscription Model, which allows the National Health Service to purchase newly developed antibiotics to treat infections caused by drug-resistant bacteria. The payment model aims to encourage drug companies to develop new antibiotic medicines and to prevent their overuse.

Elsewhere, the European Union last year launched the Partnership on One Health Antimicrobial Resistance, which will bring together 53 organizations from 30 countries to collaborate on research, advance policies, and support access to and better use of data. The 10-year effort will have \$276 million in funding.