

FOR IMMEDIATE RELEASE

Raltegravir in Combination Therapy Demonstrates Potent Antiretroviral Activity in Treatment-Naïve HIV-Positive Patients

48-Week Data Demonstrates Similar Efficacy and Tolerability to Efavirenz with Minimal Effect on Lipid Levels in Treatment-Naïve Patients

SYDNEY, AUSTRALIA, TUESDAY, JULY 24, 2007 – The 48-week results from an ongoing Phase II study of raltegravir in combination with tenofovir and lamivudine demonstrate that raltegravir decreased viral load to undetectable levels (defined as HIV RNA < 50 copies/mL) in 83 to 88 percent of previously untreated (treatment-naïve), HIV-positive patients. The results also indicated patients taking raltegravir experienced a mean increase from baseline in CD4 cell counts of 144 to 221 cells/uL without adverse impact on total or low-density lipoprotein (LDL) serum cholesterol, serum triglycerides and total to HDL cholesterol ratio, and indicated sustained activity and tolerability at 48 weeks when compared with the initial 24-week results presented at the 2006 International AIDS Conference in Toronto.

The study, which compared patients on raltegravir at four doses (100 mg, 200 mg, 400 mg, or 600 mg twice daily) in combination with tenofovir and lamivudine to patients on efavirenz once daily combined with the same agents, also demonstrated that reduction in HIV RNA to less than 50 copies/mL occurred more rapidly for patients on the raltegravir-based regimens; although, by week 24, results were similar in all regimens. These findings were presented today at the 4th International AIDS Society Conference (IAS) on HIV Pathogenesis, Treatment and Prevention in Sydney, Australia.

“In this study, the rapid viral load reductions were sustained to week 48 in treatment-naïve patients,” said Christos Tsoukas, MD, a study investigator and Director, Immune Deficiency Treatment Centre, McGill University Health Centre, Montreal General Hospital. “These findings are consistent with the efficacy and favourable safety profiles demonstrated by raltegravir in treatment-experienced patients and suggest that the medication may have therapeutic value for a variety of patients with different disease profiles and treatment histories.”

Raltegravir is currently being investigated in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment-experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy.

-more-

Reduction in Viral Load

After 48 weeks of therapy, 83 to 88 percent of patients achieved reductions in HIV RNA < 50 copies/mL on the raltegravir-based regimen across all doses studied. At baseline, HIV RNA for patients on the raltegravir arm of the study were 58,206 copies/mL (100 mg; n=39), 64,715 copies/mL (200 mg; n=40), 43,083 copies/mL (400 mg; n=41) and 57,919 copies/mL (600 mg; n=40). Results were comparable for patients taking the efavirenz combination, with 87 percent of patients achieving reductions in HIV RNA < 50 copies/mL at week 48. Baseline HIV RNA for patients in the efavirenz arm of the study was 67,554 copies/mL (600 mg; n=38). Reductions in HIV RNA < 50 copies/mL occurred more rapidly for patients taking the raltegravir combination than for patients taking the efavirenz combination. These effects were observed at all four doses of raltegravir studied (100 mg, 200 mg, 400 mg and 600 mg administered orally twice daily) compared to the dose of efavirenz (600 mg administered orally once daily) in treatment-naïve, HIV-positive patients; however by week 24 and beyond, the results were similar in all groups, including the efavirenz group.

Increase in CD4 Cell Counts

Patients in both treatment regimens experienced an increase in CD4 cell counts. Mean baseline CD4 cell counts ranged from 271 to 338 cells/uL across both treatment regimens. At 48 weeks of treatment, the mean increase from baseline in CD4 cell counts of the raltegravir groups ranged from 144 to 221 cells/uL and mean increase from baseline in CD4 cell counts of the efavirenz group was 170 cells/uL.

Minimal Effect on Lipid Levels – Favourable Tolerability Profile

Both treatment regimens were generally well tolerated. Raltegravir had minimal effect on total or LDL serum cholesterol, serum triglycerides and total to HDL cholesterol ratio.

The mean changes from baseline at Week 48 for raltegravir (all doses combined) and efavirenz, respectively, were -2.3 mg/dL and +20.7 mg/dL ($p < 0.001$) for total cholesterol; -7.5 mg/dL and +3.0 mg/dL ($p = 0.016$) for LDL cholesterol; -1.0 mg/dL and +49.5 mg/dL ($p = 0.068$) for triglycerides; and -0.59 and -0.47 ($p = 0.52$) for total to HDL cholesterol ratio.⁵

Clinical adverse experiences were generally mild to moderate, with nausea, dizziness and headache reported most frequently. Neuropsychiatric adverse events, such as abnormal dreams, depression, nightmare and suicidal thoughts were less frequent in patients on the raltegravir-based regimens (all doses combined) compared to those on the efavirenz-based regimen, occurring respectively in eight versus 21 percent of patients, through week eight, and 13 versus 29 percent, through week 48.

Study Design

These findings are from an ongoing multi-centre, dose-ranging double-blind, randomised trial of previously untreated HIV-positive patients.

-more-

Raltegravir...page 3

Initial 24-week results from this study were presented at the International AIDS Conference in 2006. The 48-week data being presented at IAS in Sydney compared raltegravir to efavirenz both in combination with tenofovir and lamivudine in terms of reductions in HIV viral RNA, improvements in CD4 cell counts from baseline, and evaluation of safety and tolerability. In the study, 198 treatment-naïve, HIV-positive patients received either raltegravir (100 mg, 200 mg, 400 mg or 600 mg, each administered orally twice daily) in combination with tenofovir and lamivudine or 600 mg efavirenz dosed orally once daily in combination with tenofovir and lamivudine.

Efficacy Profile of Raltegravir in Treatment-Experienced Patients

The results from two ongoing Phase III studies that were presented at the 14th Annual Conference on Retroviruses and Opportunistic Infections in February 2007 demonstrated significantly greater antiretroviral activity of raltegravir when used in combination with an optimised background therapy (OBT) versus placebo plus OBT ($p < 0.001$) in treatment-experienced HIV-positive patients who had failed ARTs, and who had HIV resistance to at least one drug in three classes of oral ARTs.

About Raltegravir

Raltegravir, previously referred to as MK-0518, is in a new class of investigational antiretroviral agents called integrase inhibitors that inhibit the insertion of the HIV viral DNA into human DNA. Inhibiting integrase from performing this essential function blocks the ability of the virus to replicate and infect new cells. There are drugs in use that inhibit the other two enzymes critical to the HIV replication process – protease and reverse transcriptase – but there are no approved drugs that inhibit integrase. Raltegravir is not approved in Canada.

The Global Epidemic of HIV/AIDS

An estimated 40 million people are infected with HIV/AIDS worldwide, and more than four million new infections occurred worldwide in 2006. AIDS is one of the top causes of infectious disease-related mortality worldwide, responsible for nearly three million deaths last year alone. In Canada, there are approximately 58,000 Canadians living with HIV/AIDS, of which 27% are unaware they are infected.¹

Merck's History in HIV Research

Merck Frosst is the Canadian subsidiary of Merck & Co., Inc. Merck is committed to developing innovative therapies that offer advances in the treatment of infectious diseases – including HIV. Our Company's efforts to develop investigational treatments and a vaccine against HIV/AIDS have been under way for almost 20 years and continue today. Merck began its HIV integrase inhibitor research in 1993, and Merck was the first to demonstrate inhibition of HIV integrase *in vitro* and *in vivo*.

Raltegravir is one part of Merck's history in HIV research, which includes the development of indinavir sulfate, a protease inhibitor; efavirenz, a non-nucleoside reverse transcriptase inhibitor (NNRTI); and research currently underway on additional treatment options and an HIV vaccine.

-more-

Raltegravir...page 4

About Merck Frosst

At Merck Frosst, patients come first. Merck Frosst Canada Ltd. is a research-driven pharmaceutical company discovering, developing and marketing a broad range of innovative medicines and vaccines to improve human health. Merck Frosst is one of the top 20 R&D investors in Canada, with an investment of \$114 million in 2006. More information about Merck Frosst is available at <http://www.merckfrosst.com>

Forward-Looking Statement

This press release contains "forward-looking statements" as that term is defined in the Private Securities Litigation Reform Act of 1995. These statements are based on management's current expectations and involve risks and uncertainties, which may cause results to differ materially from those set forth in the statements. The forward-looking statements may include statements regarding product development, product potential or financial performance. No forward-looking statement can be guaranteed, and actual results may differ materially from those projected. Merck undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events, or otherwise. Forward-looking statements in this press release should be evaluated together with the many uncertainties that affect Merck's business, particularly those mentioned in the cautionary statements in Item 1 of Merck's Form 10-K for the year ended Dec. 31, 2006, and in its periodic reports on Form 10-Q and Form 8-K, which the Company incorporates by reference.

- 30 -

FOR MORE INFORMATION PLEASE CONTACT:

Martine Drolet
Public Affairs Manager
Merck Frosst Canada Ltée/Merck Frosst Canada Ltd.
Tel: (514) 428-3037
Email: martine_drolet@merckfrosst.com

Leigha Cotton
Hill and Knowlton Canada
Tel: (416) 413-4757
Email: leigha_cotton@hillandknowlton.ca

References:

1. HIV and AIDS in Canada Surveillance Report to December 31, 2005, Public Health Agency.