

FOR IMMEDIATE RELEASE

**JANUVIA™ SHOWN TO REDUCE BLOOD SUGAR, LOWER RISK OF HYPOGLYCAEMIA
AND IMPROVE BETA CELL FUNCTION**

Data presented at the American Diabetes Association 68th Annual Scientific Sessions

MONTREAL, Quebec – June 9, 2008 – New data shows that initial combination therapy with JANUVIA™ (sitagliptin) and metformin substantially improved markers of beta cell function and significantly reduced blood sugar levels (as measured by HbA1c¹) at one year and two years. New data also shows JANUVIA™ was associated with a 93 per cent lower risk of having a confirmed symptomatic hypoglycaemic event on a given day compared to treatment with glipizide². These analyses were presented for the first time at the American Diabetes Association (ADA) 68th Annual Scientific Sessions.

Significant impact on markers of beta cell function and HbA1c levels out to two years

In the first analysis, initial combination therapy with sitagliptin and metformin significantly improved markers of beta cell function and significantly improved blood sugar levels compared with either metformin or sitagliptin alone at both one year and after two years of treatment. Progressive beta-cell failure is experienced by type 2 diabetes patients. Beta cells, located in the pancreas, make, store and release insulin.

The study began with a 24-week, placebo-controlled phase (n=1,091), followed by a 30-week, double-blind, active-controlled period (n=762). The mean baseline HbA1c of the two populations was 8.8 and 8.7 per cent, respectively. Five-hundred-eighty-seven patients entered into a study extension out to two years (including those who had initiated glycaemic rescue therapy) and 402 of those patients (mean baseline HbA1c of 8.6 per cent) were included in the all-patients-treated analysis of efficacy at two years.

To assess beta cell function, a self-selected subset of patients underwent a frequently-sampled meal tolerance test at baseline and at week 54 (n=203) and/or week 104 (n=125). Patients ingested a standard meal (one nutrition bar and one nutrition drink within 15 minutes), followed by blood collection at different time points relative to the start of meal. At both one year and two years, there were substantial improvements on two well known endpoints to assess beta cell function for patients on the combination of sitagliptin and metformin: HOMA-β and pro-insulin-to-insulin ratio.

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¹ HbA1c is a measure of a person's average blood glucose over a two-month to three-month period.

² Glipizide is an oral blood-glucose-lowering drug of the sulfonylurea class. Glipizide is not available in Canada.

To assess glucose-lowering, the change from baseline HbA1c levels were measured at one year and two years. The mean HbA1c reductions from baseline in this study were 1.8 per cent (at one year, n=153) and 1.7 per cent (at two years, n=105) in patients treated with sitagliptin 50 mg/metformin 1000 mg twice daily. Additionally, mean HbA1c reductions from baseline were 1.4 per cent (at one year, n=147 and two years, n=96) in patients treated with sitagliptin 50 mg/metformin 500 mg twice daily, 1.3 per cent (at one year, n=134 and two years, n=87) in patients treated with metformin 1000 mg twice daily, 1.0 per cent (at one year, n=117) and 1.1 per cent (at two years, n=64) in patients treated with metformin 500 mg twice daily. For patients treated with sitagliptin 100 mg once daily, there was a 0.8 per cent reduction in HbA1c levels from baseline at one year (n=106) and a 1.2 per cent reduction from baseline at two years (n=50).

"Many physicians need to treat patients with combination therapy to achieve and maintain glycaemic control and will welcome new data in this regard," said Dr. Jean-Francois Yale, an endocrinologist at the McGill University Health Centre.

Lower risk of hypoglycaemia with JANUVIA™ compared to glipizide

Hypoglycaemia is a common side effect of some oral diabetes medications. In this second analysis, older patients (≥ 65 years) treated with sitagliptin had a 97 per cent (29-fold) lower risk of confirmed hypoglycaemia compared to patients treated with glipizide. In the younger age group (< 65 years), patients treated with sitagliptin had a 91 per cent (11-fold) lower risk of confirmed hypoglycaemia compared to patients treated with glipizide ($p < 0.001$ for both analyses).

This 52-week intent to treat analysis was based on 37 hypoglycaemic events in the sitagliptin group (n=588) and 492 events in the glipizide group (n=584). Both agents were added to ongoing metformin therapy in patients with type 2 diabetes and were associated with similar reductions in HbA1c (0.5 per cent for sitagliptin and 0.6 per cent for glipizide in the intent-to-treat patient population).

As is typical with other anti-hyperglycaemic agents used in combination with a sulphonylurea, when sitagliptin is used in combination with a sulphonylurea, a class of medications known to cause hypoglycaemia, the incidence of hypoglycaemia was increased over that of placebo. Therefore, a lower dose of sulphonylurea may be required to reduce the risk of hypoglycaemia.

Additionally, patients in the group treated with sitagliptin experienced significant weight loss (mean -1.5 kg) from baseline, while patients treated with glipizide experienced significant weight gain (mean +1.1 kg) from baseline. The between-treatment difference was statistically significant ($p < 0.001$, sitagliptin vs. glipizide).

"Doctors must be very assertive in their treatment of type 2 diabetes, but they still need to strike the right balance between lowering blood glucose levels and avoiding hypoglycaemia," said Dr. Jean-Francois Yale. "The patient's overall health and well-being must remain top of mind, even when we need to aggressively treat type 2 diabetes."

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Expanding clinical development program for sitagliptin family

Merck's clinical development program for sitagliptin continues to expand with 55 studies completed or underway. Approximately 12,000 patients have participated in the Company's clinical studies of sitagliptin, with about 7,400 of these patients being treated with sitagliptin. Additionally, about 2,300 patients have been treated with sitagliptin for more than a year and, of these, approximately 500 patients have been treated for at least two years.

Sitagliptin is a highly selective, once-daily dipeptidyl peptidase-4 (DPP-4) inhibitor that enhances a natural body system, called the incretin system, to help regulate blood sugar. Sitagliptin and metformin act in different ways to increase blood levels of active GLP-1 (glucagon-like peptide-1), a hormone that, when blood sugar is higher than normal, enhances the production and secretion of insulin from beta cells in the pancreas. Insulin lowers blood sugar.

JANUVIA™ is available in Canada since January 2008.

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 25 R&D investors in Canada, with an investment of close to \$110 million in 2007. 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 1A of Merck's Form 10-K for the year ended Dec. 31, 2007, and in its periodic reports on Form 10-Q and Form 8-K, which the Company incorporates by reference.

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FOR MORE INFORMATION PLEASE CONTACT:

Martine Drolet, Manager, Public Affairs
Merck Frosst Canada Ltd.
514-428-3037

Melissa Maloul
Cohn & Wolfe
514-845-2257