

FOR IMMEDIATE RELEASE

**Results from Two Phase III Studies on Raltegravir, MK-0518,
an Oral Investigational Integrase Inhibitor, Presented at the Annual Conference
on Retroviruses and Opportunistic Infections**

**16 Week Data Showed Significantly Greater Antiretroviral Activity of Raltegravir in
Combination with Optimal Background Therapy (OBT) versus Placebo plus OBT
in Treatment Experienced HIV-Infected Patients**

LOS ANGELES, CA, USA, MARCH 1, 2007 – Results from two ongoing Phase III studies of raltegravir, (formerly known as MK-0518), an investigational oral integrase inhibitor, demonstrated significantly greater antiretroviral activity of raltegravir when used in combination with optimized background therapy (OBT) versus placebo plus OBT in treatment experienced HIV-infected patients who had failed anti-retroviral therapies (ARTs), and who had HIV virus resistant to at least one drug of each of the three available classes of oral ARTs. These data were collected from 16 week primary analysis time point called for in the 156 week long study protocol.

In both of these studies, more than 75 percent of patients receiving raltegravir plus OBT achieved viral load (HIV RNA) reductions to less than 400 copies/mL compared to approximately 40 percent of patients receiving placebo plus OBT (BENCHMRK-1, 77 percent of patients (N=232) receiving raltegravir plus OBT vs. 41 percent of patients (N=118) receiving placebo plus OBT; and BENCHMRK-2, 77 percent of patients (N=230) receiving raltegravir plus OBT vs. 43 percent of patients (N=119) receiving placebo plus OBT, $p < 0.001$ for both studies respectively). Both studies also showed that after 16 weeks of treatment, raltegravir plus OBT was generally well tolerated with a tolerability profile comparable to that observed in patients receiving placebo plus OBT. In addition, there were few adverse experiences leading to discontinuation (BENCHMRK-1, 4 patients receiving raltegravir plus OBT and 4 patients receiving placebo plus OBT; for BENCHMRK-2, 5 patients receiving raltegravir plus OBT and 1 patient receiving placebo plus OBT).

Raltegravir is under development by Merck. These results were presented as late breakers this week at the 14th Annual Conference on Retroviruses and Opportunistic Infections (CROI).

"The efficacy results and tolerability profile that have been seen thus far with raltegravir in combination with OBT in this patient population with multi-drug resistant virus are exciting," said David Cooper, M.D., professor of medicine and director National Centre in HIV Epidemiology and Clinical Research, University of New Wales, Sydney Australia. "These Phase III studies further confirm the antiviral activity of HIV integrase inhibitors as a new, promising class of anti-retroviral agents."

About Raltegravir

Raltegravir, previously referred to as MK-0518, is the first 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 – protease and reverse transcriptase – but there are no approved drugs that inhibit integrase. Raltegravir is not approved in Canada

Study design

BENCHMRK-1 and BENCHMRK-2 are ongoing, 156 week, multi-center, double-blind randomized placebo controlled studies that compared raltegravir in combination with OBT to placebo plus OBT in terms of reduction in HIV viral load, change from baseline in CD4 cell counts and evaluation of safety and tolerability. Patients who entered the study had failed anti-retroviral therapies as documented by HIV RNA of greater than 1000 copies/ml on stable ARTs for at least two months and were infected with HIV resistant to one or more drugs in each of the three oral classes of ARTs [nucleoside reverse transcriptase inhibitors (NRTIs), non-nucleoside RTIs (NNRTIs), and protease inhibitors (PI)].

Patients received raltegravir 400mg or placebo, each dosed orally twice daily in combination with OBT. OBT was selected based on patients' prior treatment history and results from HIV resistance testing. In order to allow for the best possible treatment regimen to be constructed for each patient, darunavir and tipranavir, which were investigational ARTs in many countries at the time of this study were allowed to be included in OBT.

"We are very encouraged by the results that we've seen from these clinical trials after sixteen weeks of combination therapy with raltegravir, as the findings are very similar to what has been observed in Phase II studies," said Roy Steigbigel M.D., professor of medicine, pathology, microbiology and pharmacology, State University of New York at Stony Brook.

16 Week Results of BENCHMRK-1

Results showed that after 16 weeks of therapy, 77 percent of patients (N=232) receiving raltegravir in combination with OBT achieved HIV RNA viral load reduction below 400 copies/mL compared to 41 percent of patients (N=118) receiving placebo plus OBT, $p < 0.001$.

In addition, 61 percent of patients receiving raltegravir plus OBT achieved viral load reduction to below 50 copies/mL compared to 33 percent of patients receiving placebo plus OBT, $p < 0.001$. Increases in CD4 cell counts from baseline were 83 and 31 cells/mm³ for the raltegravir and placebo groups respectively, $p < 0.001$. Similar results were also observed at Week 24 where data were available from approximately 60 percent of patients enrolled in this study.

Patients in this study were enrolled in Europe, Asia/Pacific, and Peru. The mean baseline viral load was 4.6 log₁₀ copies/mL for the raltegravir regimen and 4.5 log₁₀ copies/mL for the placebo regimen, respectively. The mean baseline CD4 cell counts were 156 cells/mm³ for the raltegravir regimen and 153 cells/mm³ for the placebo regimen, respectively. These patients had approximately 11 years of prior ARTs; and approximately 90 percent had AIDS diagnosis at study entry. In the raltegravir regimen, 6 percent and 13 percent of patients were co-infected with Hepatitis B or C, respectively, compared to 3 percent and 19 percent of patients receiving the placebo regimen.

The regimen of raltegravir plus OBT was generally well tolerated. There were few adverse experiences leading to discontinuation. The most commonly reported (reported in at least 3 percent of patients) study therapy-related side effects were diarrhea, nausea, and injection-site reaction (due to enfuvirtide).

16 Week Results of BENCHMRK-2

Results showed that after 16 weeks of therapy, 77 percent of patients (N=230) receiving raltegravir in combination with OBT achieved HIV RNA viral load reduction to below 400 copies/mL compared to 43 percent of patients (N=119) receiving placebo plus OBT alone, $p < 0.001$.

In addition, 62 percent of patients receiving raltegravir plus OBT achieved RNA viral load reduction to below 50 copies/mL compared to 36 percent of patients receiving placebo plus OBT, $p < 0.001$. Increases in CD4 cell counts from baseline were 86 and 40 cells/mm³ for the raltegravir and placebo groups, respectively, $p < 0.001$. Similar results were also observed at Week 24 where data were available from approximately 60 percent of patients enrolled in this study.

Patients in this study were enrolled in North, Central and South America. The mean baseline viral load was 4.7 log₁₀ copies/mL for both the raltegravir regimen and the placebo regimen, respectively. The mean baseline CD4 cell counts were 146 cells/mm³ for the raltegravir regimen and 163 cells/mm³ for the placebo regimen, respectively. These patients had approximately 10 years of prior ARTs; and approximately 90 percent had AIDS diagnosis at study entry. In the raltegravir regimen, 10 percent and 3 percent of patients were co-infected with Hepatitis B or C, respectively, compared to 3 percent and 4 percent of patients receiving the placebo regimen.

The regimen of raltegravir plus OBT was generally well tolerated. There were few adverse experiences leading to discontinuation. The most commonly reported (reported in at least 3 percent of patients) study therapy-related side effects were abdominal distension, abdominal pain, diarrhea, flatulence, nausea, injection site reaction (due to enfuvirtide), headache, and fatigue.

Prevalence of HIV/AIDS

Despite the availability of drugs to treat HIV/AIDS, the epidemic continues. An estimated 40 million people are currently infected worldwide, and it is estimated that more than four million new infections occur worldwide annually. AIDS is one of the top causes of infectious disease-related mortality worldwide, responsible for approximately three million deaths each year.

Merck HIV Research

Merck's efforts to develop investigational treatments and a vaccine against HIV/AIDS have been underway for almost 20 years and continue today. Merck began its HIV integrase inhibitor research in the early 1990's, and Merck was the first to demonstrate integrase strand transfer inhibition, and to define the mechanism of action. Merck was also the first to demonstrate HIV integrase inhibitor's antiviral inhibition *in vitro* and *in vivo*.

About Merck Frosst

At Merck Frosst, patients come first. Merck Frosst Canada Ltd. is a research-driven pharmaceutical company. Merck Frosst discovers, develops and markets a broad range of innovative medicines 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. The Company is committed to

fostering partnerships to deliver the most valuable health outcomes for Canadian patients. 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.

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