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CANCIDAS® IS NOW AVAILABLE FOR PEDIATRIC PATIENTS

***THE FIRST ECHINOCANDIN INDICATED FOR TREATMENT
OF PATIENTS 12 MONTHS AND OLDER***

Kirkland, Quebec – November 17, 2009 – Canada’s first echinocandin, CANCIDAS® (caspofungin acetate), is now indicated for use in children 12 months and older for indicated fungal infections. In Canada, caspofungin acetate is now indicated in adult and pediatric patients older than 12 months for:

- Empirical therapy for presumed fungal infections in febrile, neutropenic patients;
- Treatment of invasive candidiasis - including candidemia, intra-abdominal abscesses, peritonitis and pleural space infections;
- Treatment of esophageal candidiasis;
- Treatment of invasive aspergillosis in patients who are refractory to or intolerant of other therapies.ⁱ

“Over the past 20 years, we have noticed that fungal infections have become more frequent and severe in children whose immune systems are weak and therefore more vulnerable,” said Dr. John J. Doyle, Section Head, Section of Blood & Marrow Transplant at The Hospital for Sick Children. “With CANCIDAS®, we now have a new, effective and well tolerated therapeutic option available to fight these infections in young patients.”

Once-a-day pediatric dosing across all indications

Precise dosing of caspofungin acetate in pediatric patients aged 12 months to 17 years should be based on the patient’s body surface area. For all indications, a single 70 mg/m² loading dose (not to exceed an actual dose of 70 mg) should be administered on day 1, followed by 50 mg/m² daily thereafter (not to exceed an actual dose of 70 mg daily). CANCIDAS® does not contain any preservative agents.

When used as empirical therapy

The safety and efficacy profile of caspofungin acetate was assessed as empirical therapy against suspected fungal infections in 82 patients aged 2 to 17 years with persistent fever and neutropenia (seriously ill patients with persistent fever and low white blood cell counts).ⁱⁱ

In this randomized, double-blind study CANCIDAS[®] (50 mg/m² IV once daily following a 70 mg/m² loading dose on day 1) was compared to AmBisome[®] (liposomal amphotericin B, 3 mg/kg IV daily) in a 2:1 treatment fashion (56 on CANCIDAS[®], 26 on AmBisome[®]). Patients were stratified according to risk category (high-risk patients had undergone allogeneic stem cell transplantation or had relapsed acute leukemia). Twenty-seven per cent of patients in both treatment groups were high risk.

The favourable overall response rates were 46.4 per cent (26 of 56) in the caspofungin acetate group versus 32.0 per cent (8 of 25) in the liposomal amphotericin B group. One patient was excluded from the analysis due to no fever at study entry.

In documented fungal infections

A prospective, open-label, non-comparative study estimating the safety and efficacy of caspofungin acetate in 49 pediatric patients (aged 3 months to 17 years) with invasive candidiasis, esophageal candidiasis, and invasive aspergillosis (as salvage treatment) was also done.ⁱⁱⁱ All patients received caspofungin acetate at 50 mg/m² IV once daily following a 70 mg/m² loading dose on day 1.

Among the 49 enrolled patients who received caspofungin acetate, 48 were included in the modified intention to treat (MITT) analysis. Of these 48 patients, 37 had invasive candidiasis, 10 had invasive aspergillosis, and one patient had esophageal candidiasis. The favourable response rate, by indication, at the end of caspofungin acetate therapy was as follows in the MITT analysis:

- 81 per cent (30/37) for invasive candidiasis;
- 50 per cent (5/10) for invasive aspergillosis;
- 100 per cent (1/1) for esophageal candidiasis.

Well tolerated

Reported drug-related clinical and laboratory abnormalities among all pediatric patients treated with caspofungin acetate were typically mild and rarely led to discontinuation. The most common drug-related adverse reactions in paediatric patients treated with caspofungin acetate (reported in ≥ 2 per cent of patients) include: fever (11.7per cent), rash (4.7per cent) headache (2.9 per cent).

Information about CANCIDAS®

Caspofungin acetate is a member of the echinocandin class of antifungals. Caspofungin acetate inhibits the synthesis of $\beta(1,3)$ -D-glucan, an integral component of the fungal cell wall. Caspofungin acetate should be administered in pediatric patients via slow intravenous infusion over approximately one hour and should not be administered by I.V. bolus administration.

About Merck

Today's Merck is working to help the world be well. Merck is a global health care leader with a diversified portfolio of prescription medicines, vaccines, consumer and animal health products. In Canada, Merck markets over 530 pharmaceutical, consumer and animal health products and is a leader in a broad range of areas such as cardiology, immunology, infectious diseases, respiratory, vaccines, women's health and sun care, and is focused on expanding offerings in other areas, including virology, oncology and diabetes.

Merck is one of the top 25 R&D investors in Canada, with an investment of \$121 million in 2008 and has one of the largest biomedical research facilities in Canada with the mandate to discover new therapies for the treatment of infectious diseases. Merck also has a large manufacturing facility in Quebec dedicated to the annual production of some 35 million units including the Claritin and Alerius brands. Based in Montréal, Quebec, Merck employs over 1800 people across Canada. For more information about our operations in Canada visit www.merckfrosst.com or www.schering-plough.ca.

*Merck Frosst Canada Ltd. and Schering-Plough Canada Inc. are integrating their operations to form a new organization called Merck.

Forward Looking Statement

The following factors, among others, could cause actual results to differ from those set forth in the forward-looking statements: the possibility that the expected synergies from the merger of Merck and Schering-Plough will not be realized, or will not be realized within the expected time period, due to, among other things, the impact of pharmaceutical industry regulation and pending legislation that could affect the pharmaceutical industry; the risk that the businesses will not be integrated successfully; disruption from the merger making it more difficult to maintain business and operational relationships; Merck's ability to accurately predict future market conditions; dependence on the effectiveness of Merck's patents and other protections for innovative products; the risk of new and changing regulation and health policies in the U.S. and internationally and the exposure to litigation and/or regulatory actions. Merck undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise. Additional factors that could cause results to differ materially from those described in the forward-looking statements can be found in Merck's 2008

Annual Report on Form 10-K, Schering-Plough's Quarterly Report on Form 10-Q for the quarterly period ended June 30, 2009, the proxy statement filed by Merck on June 25, 2009 and each company's other filings with the Securities and Exchange Commission (SEC) available at the SEC's Internet site (www.sec.gov).

CANCIDAS[®] is a registered trademark of Merck & Co., Inc., Used under license.

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ⁱ CANCIDAS[®], Product Monograph

ⁱⁱ Walsh TJ, Adamson PC, Seibel NL et al. Pharmacokinetics, Safety, and Tolerability of Caspofungin in Children and Adolescents. *Antimicrobial Agents and Chemotherapy*. 2005;49:4536-4545.

ⁱⁱⁱ Zaoutis TE, Jafri HS, Huang L et al. A Prospective, Multicenter Study of Caspofungin for the Treatment of Documented Candida or Aspergillus Infections in Pediatric Patients. *Pediatrics*. 2009;123:877-884.