

News Release
For immediate release

**STUDY DEMONSTRATES BENEFITS OF COSOPT®
IN THE TREATMENT OF GLAUCOMA**

**DISEASE THAT DETERIORATES PERIPHERAL VISION
AFFECTS AT LEAST 300,000 CANADIANS¹**

Toronto, Ontario – May 1, 2006 — Preliminary results from the Canadian EXACCT study (**E**valuation of latanoprost (**X**alatan) **A**nd **C**OSOPT® in **C**ombination or Cosopt® in mono**T**herapy) were presented yesterday to close to 10,000 people attending the annual meeting of the Association for Research in Vision and Ophthalmology (ARVO) in Fort Lauderdale, Florida. Results demonstrate that 92.6 per cent of patients enrolled in the study who were previously not responding to or were uncontrolled with latanoprost, achieved clinically significant additional reduction in intraocular pressure (IOP) when treated with Cosopt® (dorzolamide hydrochloride/timolol maleate) alone or when Cosopt® was added to latanoprost, allowing patients to reach their therapeutic goals.

The average additional reduction of IOP in the patient group receiving both latanoprost and Cosopt® was 28.3 per cent (15.78 mmHg vs. 22.34 mmHg) from the latanoprost baseline. The group of patients who were previously not responding to latanoprost and were treated with Cosopt® alone achieved an average reduction of 24.4 per cent in IOP (17.29 mmHg vs. 23.14 mmHg) from the latanoprost baseline.

“This study can assist physicians in selecting the most appropriate treatment for their patients. With Cosopt® as an adjunctive treatment added to latanoprost, we see a clinically significant decrease in intraocular pressure for patients unable to reach their target pressure with latanoprost alone. Interestingly, discontinuing latanoprost and switching to Cosopt® alone produced a similar percentage pressure reduction. Cosopt® alone is thus a viable alternative to achieve treatment goals without resorting to more complex, multi-bottle regimens,” said Dr. David Yan, who is an assistant professor at University of Toronto, staff ophthalmologist at Mount Sinai Hospital and a participant in the EXACCT study.

Benefits of Cosopt® in the treatment of Glaucoma/2

The EXACCT study is a multicenter, open-label, 12-week prospective cohort study. A total of 343 patients were recruited by 33 Canadian physicians, making it the largest study to measure the effects of adding Cosopt® to latanoprost. Preliminary results presented yesterday relate to 243 participants who completed the study at the time of the analysis.

- Mean age of participants was 68;
- 56 per cent were women;
- 196 patients with either open-angle glaucoma or ocular hypertension whose IOP remained uncontrolled after a four week treatment with latanoprost were recruited and Cosopt® was added to latanoprost;
- 47 patients who did not respond to latanoprost therapy (<15 per cent IOP reduction) were switched to Cosopt®;
- No serious adverse events occurred in patients using Cosopt®. The overall treatment strategy was generally well tolerated by patients. The majority (77 per cent) of adverse events were mild in nature and did not require discontinuation of study treatment.

About glaucoma

It is estimated that glaucoma affects 1 in 100 Canadians over 40.² In 2002, it accounted for more than six per cent of the Canadian National Institute for the Blind registrations.³ Glaucoma is an eye disease caused by increased pressure within the eye. Open-angle glaucoma, the most common form of the disease, causes a gradual loss of nerve function. If left untreated, glaucoma can lead to a complete loss of vision.

Since open-angle glaucoma does not cause apparent symptoms, it often goes undetected until irreversible damage has occurred to a patient's vision. The best way to avoid permanent damage to the eye is to diagnose the disease early, through regular eye exams by an eye care professional.

While it is more common among people over the age of 40, glaucoma can affect people at any age.⁴ Other factors that increase a person's risk of having glaucoma include having a close relative with the disease, African origins, being nearsighted, and having poor health (e.g. early heart attack or stroke).

About Cosopt®

Cosopt® is indicated for the treatment of elevated intraocular pressure in patients with ocular hypertension or glaucoma. Cosopt® contains two active ingredients, dorzolamide hydrochloride and timolol maleate, that have been demonstrated to reduce pressure inside the eye caused by open angle glaucoma or other eye diseases such as ocular hypertension. It works by decreasing the amount of fluid within the eye. Lowering high pressure inside the eye helps to prevent blindness.

Benefits of Cosopt® in the treatment of Glaucoma/3

Cosopt® is available in 5 mL and 10 mL OCUMETER PLUS® dispensers as well as in a preservative-free ophthalmic solution packaged in 60 x 0.2 mL individual fill volume unit dose pipettes.

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 \$117 million in 2005. 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>.

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¹ Canadian National Institute for the Blind media release, April 5, 2002. Available at: http://www.cnib.ca/eng/media-centre/stories/natcol_report.htm, referenced April 20, 2006.

² Canadian Ophthalmological Society glaucoma overview. Available at: <http://www.eyesite.ca/english/public-information/eye-conditions/pdfs/Glaucoma.pdf>, referenced April 20, 2006.

³ Canadian National Institute for the Blind client statistics 2002. Available at: http://www.cnib.ca/eng/publications/pamphlets/stats/CNIB_Client_Stats_02_Eng.pdf, referenced April 21, 2006.

⁴ Canadian Ophthalmological Society glaucoma overview. Available at: <http://www.eyesite.ca/english/public-information/eye-conditions/pdfs/Glaucoma.pdf>, referenced April 20, 2006.