

July 22, 2008

Dear Health Care Professional:

In response to your inquiry, yesterday, efficacy and safety results from the SEAS (Simvastatin and Ezetimibe in Aortic Stenosis) study were announced by Professor Terje Pedersen, MD, PhD, Chief, Preventive Medicine Clinic, Ullevål University Hospital, Oslo, Norway, at a press conference from London, UK.

SEAS was designed to evaluate whether intensive lipid lowering with VYTORIN[®] (ezetimibe/simvastatin) 10/40 mg would reduce the need for aortic valve replacement and the risk of cardiovascular morbidity and mortality vs placebo in patients with asymptomatic mild to moderate aortic stenosis who had no indication for statin therapy.

VYTORIN failed to meet its primary end point for the reduction of major cardiovascular events. There also was no significant difference in the key secondary end point of aortic valve events; however, there was a reduction in the group of patients taking VYTORIN compared to placebo in the key secondary end point of ischemic cardiovascular events. VYTORIN is not indicated for the treatment of aortic stenosis. VYTORIN contains 2 active ingredients: ezetimibe and simvastatin. No incremental benefit of VYTORIN on cardiovascular morbidity and mortality over and above that demonstrated for simvastatin has been established.

In the study, patients in the group who took VYTORIN 10/40 mg had a higher incidence of cancer than the group who took placebo. There was also a nonsignificant increase in deaths from cancer in patients in the group who took VYTORIN vs those who took placebo. Cancer and cancer deaths were distributed across all major organ systems.

MSP believes the cancer finding in SEAS is likely to be an anomaly that, taken in the light of all the available data, does not support an association with VYTORIN. We are committed to working with regulatory agencies to further evaluate the available data and interpretations of those data; however, we do not believe that changes in the clinical use of VYTORIN are warranted.

Please find attached press releases issued by Professor Pedersen and University of Oxford Clinical Trial Service Unit & Epidemiological Studies Unit regarding SEAS.

If you have questions regarding these findings, please contact the Merck/Schering-Plough National Service Center at 1-866-637-2501. Finally, additional information is available at www.msppharma.com.

Important Information About VYTORIN:

VYTORIN is indicated as adjunctive therapy to diet for the reduction of elevated TOTAL-C, LDL-C, Apo B, TG, and non-HDL-C, and to increase HDL-C in patients with primary (heterozygous familial and nonfamilial) hyperlipidemia or mixed hyperlipidemia when diet alone is not enough. VYTORIN is not indicated for the treatment of aortic stenosis.

Contraindications for VYTORIN: hypersensitivity to any component of this medication; active liver disease; unexplained persistent elevations in hepatic transaminase levels; and women who are pregnant, nursing, or may become pregnant.

SELECTED CAUTIONARY INFORMATION

Skeletal Muscle: Myopathy sometimes takes the form of rhabdomyolysis with or without acute renal failure secondary to myoglobinuria, and rare fatalities have occurred. Predisposing factors for myopathy include advanced age (≥ 65 years), uncontrolled hypothyroidism, and renal impairment. **As with other statins, the risk of myopathy/rhabdomyolysis is dose related.** Tell patients to promptly report muscle pain, tenderness, or weakness. Discontinue drug if myopathy is suspected or CPK levels rise markedly.

Myopathy Caused by Drug Interactions: Use of VYTORIN[®] (ezetimibe/simvastatin) with itraconazole, ketoconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, or large quantities of grapefruit juice (>1 quart daily) should be avoided because of the increased risk of myopathy, particularly at higher doses.

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil.

The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

Liver: Persistent elevations in hepatic transaminase can occur. It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic impairment.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (5.8%), increased ALT (3.7%), myalgia (3.6%), upper respiratory tract infection (3.6%), and diarrhea (2.8%).

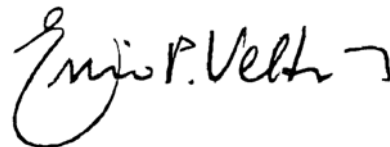
VYTORIN tablets contain ezetimibe and simvastatin: 10 mg of ezetimibe and 10, 20, 40, or 80 mg of simvastatin (VYTORIN 10/10, 10/20, 10/40, or 10/80 mg, respectively).

Before prescribing VYTORIN, please read the attached Prescribing Information. For additional copies of the Prescribing Information, call 1-866-637-2501, visit www.vytorin.com, or contact your MSP representative.

Sincerely,



John D. Irvin, MD, PhD
Vice President, WRAPS-COMET, J&J/MSP
Merck & Co., Inc.



Enrico Veltri, MD
Group Vice President, Global Clinical
Development, CV & Metabolic Diseases
Schering-Plough Research Institute

Enclosures: Press Releases from Professor Pedersen and University of Oxford Clinical Trial Service
Unit & Epidemiological Studies Unit
Prescribing Information for VYTORIN