Press Release

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GREER® Laboratories Announces Rick Russell as New President and CEO

LENOIR, N.C. – November 13, 2014 – GREER® Laboratories, Inc., a leading developer and provider of allergy immunotherapy products and services, today announced the appointment of Rick Russell as President and CEO. Russell serves as CEO of Ares Allergy Holdings, Inc. which includes GREER and other allergy-focused companies. Russell joins GREER following the departure of former President and CEO John Roby, who is leaving the company to pursue other opportunities.

"We are pleased to welcome Rick to GREER," said Jacques Theurillat, Chairman of Ares Allergy Holdings, Inc. "This is an exciting time of opportunity for the company as GREER continues to expand its allergy immunotherapy offerings and leadership role in the U.S. oral allergy immunotherapy market, including the marketing of ORALAIR® (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract). We are confident that Rick's depth of knowledge and expertise in the pharmaceutical industry will help position GREER for ongoing growth and success."

Russell brings to GREER more than 20 years of experience leading commercial operations and in developing and implementing sales and marketing activities for major pharmaceutical brands. "I'm pleased to be joining GREER, a company that has been devoted to the allergy immunotherapy industry for over 100 years," said Russell. "We are committed to providing support to allergy specialists and relief to patients through quality allergy immunotherapy testing and treatment products and services."

Prior to joining Ares and GREER, Russell served as Executive Vice President and Chief Commercial Officer at Sunovion Pharmaceuticals. Prior to his time at Sunovion, he held the position of U.S. Executive Vice President, Neurodegenerative Diseases and Rheumatology at EMD Serono and also served as Vice President Marketing at Sanofi-Aventis. Mr. Russell holds a B.A. in Chemistry from Bates College and a M.S. in Organic Chemistry from the University of New Hampshire.

The prescribing information for ORALAIR includes a Boxed Warning regarding the potential for severe allergic reactions. Please see below for the ORALAIR Indication, the Boxed Warning and additional important safety information. Please see the full Prescribing Information at http://oralair.com/docs/ORALAIR%20Prescribing%20Information-Med%20Guide.pdf and the Medication Guide at http://oralair.com/docs/ORALAIR%20Med%20Guide.pdf.

About GREER®

GREER® is a leading developer and provider of allergy immunotherapy products and services for treating humans and animals. As part of its commitment to allergy immunotherapy innovation, GREER's clinical development programs are focused on sublingual allergy immunotherapy liquid (SAIL)™. GREER markets ORALAIR® in the United States through its partnership with STALLERGENES S.A.. Sublingual immunotherapy is an extension of GREER's allergy

immunotherapy products and provides another treatment option for allergy specialists to offer patients.

GREER was founded in 1904 and is located in Lenoir, North Carolina. For more information, visit www.greerlabs.com.

About Ares Allergy Holdings, Inc.
"Ares Allergy Holdings, Inc. is a group of businesses focused on the allergy immunotherapy sector and includes GREER Laboratories, Inc. (www.greerlabs.com), which operates the business formerly owned by Antigen Laboratories, Inc. and Allermed Laboratories, Inc. Ares Allergy Holdings, Inc. is controlled by Ares Life Sciences, a healthcare-focused investment group formed in 2008 with the backing of the Bertarelli family. Its strategy is to focus on key life sciences sectors, mainly: pharmaceuticals and biotechnology, medical diagnostics, and medical technology. Ares Life Sciences has a long-term view on investments and a core element of its investment strategy is to make available to its portfolio companies the collective experience and network of its team in the healthcare sector.

About ORALAIR®
ORALAIR was originally approved in Europe in 2008 and is currently authorized in 31 countries around the world including most European countries, U.S., Canada, Australia, and Russia for the treatment of grass pollen allergy. In Canada, ORALAIR® was launched in 2012, making it the first allergy immunotherapy tablet to be registered and marketed in North America. World-wide post-marketing experience with ORALAIR® includes more than 20 million doses given to more than 170,000 patients.

ORALAIR® (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue Grass Mixed Pollens Allergen Extract) sublingual allergy immunotherapy tablet is an allergen extract indicated as immunotherapy for the treatment of grass pollen-induced allergic rhinitis with or without conjunctivitis confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for any of the five grass species contained in this product. ORALAIR is approved for use in persons 10 through 65 years of age. ORALAIR is not indicated for the immediate relief of allergy symptoms.

ORALAIR has been approved based on results from an extensive clinical development program. ORALAIR® has been studied in double-blind, placebo-controlled trials, in both Europe and the United States in over 2,500 adults and children. Positive results were achieved in these trials designed to demonstrate that pre-seasonal and co-seasonal treatment with grass allergy immunotherapy reduces patients' allergy symptoms and their need for symptom-relieving medication.

Important Safety Information
WARNING: SEVERE ALLERGIC REACTIONS
ORALAIR can cause life-threatening allergic reactions such as anaphylaxis and severe laryngopharyngeal edema. Do not administer ORALAIR to patients with severe, unstable or uncontrolled asthma. Observe patients in the office for at least 30 minutes following the initial dose. Prescribe auto-injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use. ORALAIR may not be suitable for patients with certain underlying medical conditions that may reduce their ability to survive a serious allergic reaction. ORALAIR may not be suitable for patients who may be unresponsive to epinephrine or inhaled bronchodilators, such as those taking beta-blockers.

ORALAIR is contraindicated in patients with severe, unstable or uncontrolled asthma, patients with a history of any severe systemic allergic reaction or severe local reaction to sublingual allergen immunotherapy, or patients who are hypersensitive to any of the inactive ingredients.

ORALAIR can cause systemic allergic reactions, including anaphylaxis, and severe local reactions, including laryngopharyngeal swelling, which may be life-threatening. Severe and serious allergic reactions may require treatment with epinephrine. Patients who have a systemic allergic reaction to ORALAIR should stop taking the product. ORALAIR treatment should be withheld if the patient is experiencing an acute asthma exacerbation. Re-evaluate patients who have recurrent asthma exacerbations and consider discontinuation of ORALAIR. Concomitant dosing with other allergen immunotherapy may increase the likelihood of local or systemic adverse reactions to either subcutaneous or sublingual allergen immunotherapy.

In case of oral inflammation or wounds, such as following oral surgery or dental extraction, ORALAIR treatment should be discontinued to allow complete healing of the oral cavity.

The most common adverse events reported in ≥ 5% of patients were oral pruritus, throat irritation, ear pruritus, mouth edema, tongue pruritus, cough, and oropharyngeal pain. Patients who have escalating or persistent local reactions to ORALAIR should be reevaluated and considered for discontinuation of ORALAIR.

ORALAIR should be used during pregnancy or breastfeeding only if clearly needed.

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