

PARTNER BRIEFING • SEPTEMBER 2026

AllianceXPartners

Fast, funded, and built for speed — for a stalled trial, or a first-in-human AI compound.



Why cash-strapped biotechs and AI-native drug discovery companies partner with AXP — through Track A, Track B, or Phase 1.

THE AI OPPORTUNITY

Too many AI-discovered compounds. Not enough places to run Phase 1.

1

AXP-owned Phase 1 units

Compliant, GCP-ready sites live in Central Asia/EAEU — no US IND required, so you enroll your first-in-human program immediately.

2

Biomarker-driven endpoints

Embedded biomarker sub-studies flag early signs of efficacy — before you commit the capital for a full program.

3

Built for speed, not just cost

Site activation runs in parallel with your US IND review, so your candidate reaches patients months sooner.

A missed endpoint, with a real signal underneath

1

The situation

A Phase 3 trial missed its primary endpoint overall, but showed a meaningful signal in a defined sub-population — with the FDA indicating a potential path forward. The U.S. sponsor only had cash to fund part of the confirmatory program.

2

AXP's solution

AXP structures and coordinates a complementary confirmatory trial, co-run by AXP's local partners in the target territory alongside the sponsor's U.S. trial activities. AXP's partners lead execution in their territory, while the two programs are designed to complement one another and jointly support the regulatory and filing strategy — advancing the sponsor toward a filing without having to fully fund the global confirmatory program itself.

THE ONGOING PROBLEM WITH UNDERFUNDED BIOTECH

Three ways to fail

1

Drip-feeding doesn't create value

Serial dilutive raises buy time, not data. Every financing round without a trial readout just resets the same problem — and costs existing holders more of the company.

2

Waiting for cash costs you the patent clock

IP protection erodes whether or not you're enrolling patients. Every quarter spent chasing financing is a quarter of exclusivity gone — and cash burned on overhead, not recruitment.

3

A market-rate trial costs money you don't have

A market-priced confirmatory trial takes exactly the capital a distressed balance sheet can't raise without wiping out the shareholders it already has.

THE AXP MODEL • TWO FUNDED PATHS

Track A and Track B — one outcome

AXP supplies the clinical data and/or the capital your confirmatory trial needs — in exchange for a royalty and a warrant. Not your company.

TRACK A

“A Reasonably Priced Trial”

- AXP-run sites deliver the same confirmatory data at below-market cost, with faster recruitment than the standard route.
- You still fund and own the trial — just cheaper and faster than running it yourself or offshoring it to a market like Australia.
- Best fit: companies that can find some trial capital, but not full market-rate cost.

TRACK B

“Co-Funded Trial”

- A regional pharma partner co-funds your confirmatory trial in exchange for EAEU / Central Asia rights.
- One multi-regional design produces a single dataset that supports both regional registration and your US FDA filing.
- Best fit: companies that want a partner to share the cost and the commercial risk, not just the data.

A live market test, before you bet the company

1

Commercial proof, not just clinical approval

Your partner positions the drug in a real market — validating your go-to-market thesis before a full US/EU launch. 57% of FDA-approved drugs (2011–2020) never earned back R&D within 5.5 years; a live launch is the proof point in due diligence.

2

AXP owns the clinical sites, in real time

Direct operational control, start to finish — plus real-time visibility into whether your actual protocol enrolls real patients, the single biggest predictor of whether a trial finishes.

3

Direct lines to treating KOLs

Relationships with the physicians running your trial — for protocol feedback, publication strategy, and medical-affairs positioning before you've even launched.

One trial. A growing map of royalties.

The same site network and partner model, and the same enrolled population, keep paying you back — in new regions, and in new science.

ROYALTY MAP

One trial, every region

- The same site network and regional-partner model extends beyond Central Asia into MENA and every other region AXP secures rights to.
- Each additional region licensed becomes another royalty stream back to you — off a single trial you already ran.
- Royalties flow back to the US/EU originator from every region.

ROOM FOR MORE SCIENCE

Extra data, no extra patients

- The same enrolled population supports embedded biomarker and companion-diagnostic sub-studies alongside the main confirmatory trial.
- Covers PK/PD sub-studies, subgroup biomarker confirmation, and real-world evidence collection.
- Strengthens your FDA story at a fraction of the cost — without recruiting a single new patient.

THE ROADMAP

Three phases, one compounding royalty

PHASE 1 TRIALS

Open Sites Fast

No IND needed

Compliant, GCP-ready sites — including AXP-owned Phase 1 units — live in Central Asia/EAEU, no US IND required. Built for AI-discovered compounds and traditional candidates alike, enrolling while your US IND is still under FDA review.



PHASE 2 TRIALS

Run The Trial

Build the data package

A multi-regional confirmatory trial to ICH-GCP standard. One dataset supports both regional registration and your US FDA filing, with embedded biomarker sub-studies and real-time recruitment data flowing back to you months before topline.



PHASE 3 TRIALS

Commercialize

Compound the royalty

A local pharma partner markets and distributes at first regional approval — no commercial infrastructure required. Royalties flow back to you from Central Asia, then MENA and every further region licensed.

ONE MORE THING

Why partnering with AXP is the easiest decision you'll make this year



No priced round, no new board seat

A royalty, no equity claim, plus a small warrant well below a priced round's dilution — you keep control of your company.



We run clinical operations

So your (likely skeleton) team doesn't have to build a clinical operations department it can't afford.

**Whether you have a stalled trial, or an AI-discovered compound still waiting on Phase 1 —
this is the fastest way to relevance.**

Let's talk about Track A, Track B, or Phase 1 for your program.



info@alliancexpartners.com