

AllianceXPartners

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

For AI-native drug discovery companies, AXP's own Phase 1 units get your first-in-human program enrolled fast. For US/EU biotech companies with a clinical asset but no funded path to complete a trial — **Track A** and **Track B** get you to FDA-usable data, a live regional launch, and a growing royalty stream, at an affordable cash cost — or none at all.

THE ONGOING PROBLEM

1

Drip-feeding doesn't create value

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

2

Waiting for cash costs the patent clock

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

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 its own shareholders.

THE MODEL: TWO FUNDED PATHS TO YOUR DATA

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 (incl. the usual Australia offshore option).
- You still fund and own the trial — just cheaper and faster.

TRACK B

"Co-Funded Trial"

- A regional pharma partner co-funds your confirmatory trial for EAEU / Central Asia rights.
- One multi-regional design supports regional registration and your US FDA sub-population filing.

WHY A LOCAL COMMERCIAL PARTNER IS WORTH MORE THAN THE MONEY

Data is valuable. Clinical data — real patients, real protocols, real outcomes — is priceless.

A live market test, before you bet the company. Your partner positions the drug in a real market — validating (or correcting) your go-to-market thesis before a full US/EU launch.

Real recruitment truth, not CRO theater. AXP owns the clinical sites — direct, real-time visibility into whether your actual protocol enrolls real patients, plus direct lines to the treating KOLs.

One trial, an expanding royalty map. The same network extends beyond Central Asia into MENA and every other region AXP secures — each one another royalty stream back to you.

Room for more science. Spare enrollment capacity supports embedded biomarker and companion-diagnostic sub-studies, strengthening your subgroup story at a fraction of a standalone study's cost.

57%

of drugs approved by the FDA (2011–2020) failed to earn back their R&D investment within ~5.5 years of launch. A live regional commercial test is the proof point that changes that conversation in due diligence.

Source: peer-reviewed analysis, 168 FDA approvals 2011–2020, benchmark R&D cost ~\$2.56B/drug.

THREE CLINICAL PHASES, ONE COMPOUNDING ROYALTY

Also built for the AI drug-discovery surge: too many AI-discovered compounds, not enough places to run Phase 1.

PHASE 1 TRIAL

Open Sites Fast

No IND needed

Compliant, GCP-ready sites — including AXP-owned Phase 1 units — live in Central Asia/EAEU without a US IND, so AI-discovered and traditional candidates alike enroll fast, with biomarker endpoints flagging early efficacy signals.

PHASE 2 TRIAL

Run The Trial

Build the data package

Multi-regional trial to ICH-GCP standard. One dataset for regional registration and your US FDA sub-population filing, plus embedded biomarker sub-studies and real-time recruitment data.

PHASE 3 TRIAL

Commercialize

Compound the royalty

A local pharma partner markets and distributes at first approval — no commercial build-out required. Royalties flow from Central Asia, then MENA and every region licensed.

To summarize: no priced round, no new board seat — a royalty (no equity claim) plus a small warrant that only dilutes if the stock re-rates on a positive readout, far below what a priced round would cost you. AXP takes a lead in managing clinical operations so your team doesn't have to. Site activation starts without waiting on your US IND, so timelines run in parallel, not in sequence. Put simply: for a cash-strapped company holding a real signal — or an AI-native pipeline needing its first clinical readout — this is the fastest, cheapest way back to relevance, with the least dilution of any path that actually gets you funded.