

Pipeline Overview

Twelve disclosed Phase 1 medical countermeasures, three surgical platforms, and one programme we will not describe.

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This is the public view of Baxtra Research Labs’ investigational portfolio as at 31 August 2026. It covers twelve disclosed Phase 1 medical countermeasure programmes, a further clinical-stage programme identified only as Programme 9, and three surgical technology platforms.

How to read this overview

A programme ID is the stable public identifier. The generic name is a development name, not a claim of a finished product. Indication describes the disease or syndrome being studied; modality describes the principal intervention and route; study is the public protocol label. All twelve disclosed programmes are in Phase 1, under a cleared US Investigational New Drug application, and none is approved anywhere.

Most programmes are being developed with an FDA Animal Rule route in view. BX-733, BX-1140 for its mpox indication, and BX-1620 have feasible conventional randomised controlled trial routes under 505(b)(1). “Phase 1” describes clinical stage, not established safety, efficacy, or availability.

The portfolio is deliberately not a promise of breadth at the expense of evidence. Where the disease has no established therapeutic option, the absence of an option is part of the rationale for study, not evidence that any Baxtra programme will succeed.

Master table: disclosed programmes

ID	Generic name	Indication	Modality	Route	Study	Stage
BX-101	Nipavir	Nipah virus infection	oral fusion (F) glycoprotein inhibitor	oral	SENTINEL-1	Phase 1
BX-204	Marburgavir	Marburg virus disease	IV + oral L-polymerase inhibitor (nucleoside)	IV + oral	CORDON-1	Phase 1
BX-308	Prionex	sporadic & genetic Creutzfeldt–Jakob disease	intrathecal PRNP antisense oligonucleotide	intrathecal	VIGIL-0	Phase 1

ID	Generic name	Indication	Modality	Route	Study	Stage
BX-412	Cehafex	Crimean-Congo haemorrhagic fever	IV two-antibody cocktail (Gc fusion loop + GP38)	IV	BASTION-1	Phase 1
BX-515	Lassivar	Lassa fever	IV GPC-B site human monoclonal antibody	IV	TRAVERSE-1	Phase 1
BX-620	Rabivex	symptomatic rabies encephalomyelitis	CNS-penetrant lyssavirus L-polymerase inhibitor, IV + intrathecal loading dose	IV + intrathecal loading dose	LANTERN-1	Phase 1
BX-733	Hantrelvir	hantavirus cardiopulmonary syndrome (Andes orthohantavirus)	selective S1PR1 agonist, host-directed endothelial stabiliser, IV + oral	IV + oral	RIDGELINE-1	Phase 1
BX-806	Sudanavir	Sudan ebolavirus disease	IV two-antibody cocktail (GP2 fusion loop + GP1 glycan cap)	IV	KEYSTONE-1	Phase 1
BX-1140	Poxavir	clade I mpox / orthopoxvirus disease	second-generation p37 (F13L) envelope inhibitor	oral + IV	MERIDIAN-1	Phase 1
BX-1265	Arenavir	South American haemorrhagic fevers (Junín, Machupo, Guanarito, Sabiá)	pan-arenavirus GP2 fusion inhibitor	IV + oral	CROSSBAR-1	Phase 1
BX-1330	Riftavir	severe Rift Valley fever	fixed pair: Gn monoclonal antibody + bunyavirus L-polymerase endonuclease inhibitor	IV	HEADWATER-1	Phase 1
BX-1620	Meliovox	melioidosis (Burkholderia pseudomallei)	efflux-pump-inhibitor-potentiated beta-lactam	IV + oral	REDLAND-1	Phase 1

Clinical trial sites across the portfolio: 27, all in the United States. Further discovery candidates exist and are not listed.

Programme profiles: entry, replication and disease

BX-101 · Nipavir

Nipavir is an oral inhibitor of the Nipah virus fusion (F) glycoprotein. By constraining the F protein before the membrane-merging step, the programme is intended to interrupt entry into susceptible cells rather than chase viral replication after infection is established. Nipah virus causes severe encephalitis and respiratory disease, and there is no approved antiviral treatment for Nipah virus infection. SENTINEL-1 is Phase 1; the public record does not establish clinical benefit.

BX-204 · Marburgavir

Marburgavir is a nucleoside inhibitor of the Marburg virus L polymerase, administered intravenously and orally. Polymerase inhibition is a direct way to reduce production of viral RNA, while the two routes address an acute setting and continued exposure. Marburg virus disease is a severe filoviral haemorrhagic illness for which no approved antiviral treatment exists. CORDON-1 is Phase 1 under the disclosed investigational framework.

BX-308 · Prionex

Prionex is an intrathecal antisense oligonucleotide directed at PRNP, the gene encoding the normal cellular prion protein that is converted during prion disease. Reducing the substrate is a host-substrate strategy: it seeks to limit the material available for templated misfolding rather than target a conventional pathogen. Sporadic and genetic Creutzfeldt–Jakob disease have no established disease-modifying treatment, and neurological decline is rapid. VIGIL-0 is Phase 1.

BX-412 · Cehafex

Cehafex combines two IV antibodies against Crimean-Congo haemorrhagic virus: one recognises the Gc fusion loop and one recognises GP38. The non-identical binding sites are intended to block a structurally important entry process while reducing dependence on a single epitope. Crimean-Congo haemorrhagic fever has no broadly accepted approved antiviral treatment, leaving supportive care as the usual foundation. BASTION-1 is Phase 1.

Programme profiles: breadth across high-consequence disease

BX-515 · Lassivar

Lassivar is a human monoclonal antibody directed at the GPC-B site of Lassa virus glycoprotein, given IV. The site is part of the viral glycoprotein architecture used for cell entry, so the rationale is to prevent a vulnerable step before systemic replication is established. Lassa fever ranges from febrile illness to severe haemorrhagic disease, and access to an approved, dependable targeted treatment remains limited. TRAVERSE-1 is Phase 1.

BX-620 · Rabivex

Rabivex is a CNS-penetrant inhibitor of the lyssavirus L polymerase, with IV administration and an intrathecal loading dose. The route design reflects the clinical problem: symptomatic rabies is an encephalomyelitis in which a candidate must reach the relevant compartment, not merely show plasma exposure. Once symptoms begin, rabies is almost uniformly fatal and there is no reliably effective treatment. LANTERN-1 is Phase 1.

BX-733 · Hantrelvir

Hantrelvir is a selective S1PR1 agonist intended to stabilise the endothelium in hantavirus cardiopulmonary syndrome caused by Andes orthohantavirus. This is host-directed: the programme addresses vascular permeability and endothelial signalling that contribute to pulmonary oedema, rather than binding a viral protein. There is no approved disease-specific antiviral treatment for hantavirus cardiopulmonary syndrome; intensive supportive care remains central. RIDGELINE-1 is Phase 1 with IV and oral routes.

BX-806 · Sudanavir

Sudanavir is an IV two-antibody cocktail against Sudan ebolavirus, pairing a GP2 fusion-loop antibody with a GP1 glycan-cap antibody. The two targets sit in different parts of the entry machinery, creating a design that does not depend on a single exposed surface. Sudan ebolavirus disease is a severe haemorrhagic illness for which approved treatment options are not generally available. KEYSTONE-1 is Phase 1.

Programme profiles: envelope, fusion and bacterial resistance

BX-1140 · Poxavir

Poxavir is a second-generation inhibitor of p37, the F13L-encoded orthopoxvirus envelope protein, with oral and IV routes. p37 participates in the formation and release of extracellular enveloped virions, so inhibition is intended to reduce dissemination between cells and tissues. Clade I mpox can cause severe disease, and treatment access and resistance management remain material gaps despite existing countermeasure experience. MERIDIAN-1 is Phase 1 and includes a conventional 505(b)(1) route for mpox.

BX-1265 · Arenavir

Arenavir is a pan-arenavirus GP2 fusion inhibitor for South American haemorrhagic fevers caused by Junín, Machupo, Guanarito and Sabiá viruses. GP2 is a conserved fusion machine, and targeting a conserved structural step is the basis for seeking coverage across related arenaviruses rather than designing one molecule per outbreak. These diseases are high-consequence illnesses without a dependable approved treatment for all four pathogens. CROSSBAR-1 is Phase 1 with IV and oral administration.

BX-1330 · Riftavir

Riftavir is a fixed pair combining a Gn monoclonal antibody with an inhibitor of the bunyavirus L-polymerase endonuclease, administered IV. The two components address attachment or entry and an early step in viral RNA synthesis, giving the regimen complementary mechanisms. Severe Rift Valley fever can include haemorrhagic disease, encephalitis and ocular complications, and no approved targeted treatment is established for severe disease. HEADWATER-1 is Phase 1.

BX-1620 · Meliovex

Meliovex pairs an efflux-pump inhibitor with a beta-lactam against *Burkholderia pseudomallei*, the bacterium that causes melioidosis. The potentiator is intended to reduce active export of the antibacterial component, allowing the beta-lactam to engage its bacterial target more effectively in the relevant exposure window. Melioidosis treatment is prolonged and resistance, relapse and access are persistent clinical problems; the programme is not an assertion that any regimen is established. REDLAND-1 is Phase 1 with IV and oral routes and a conventional 505(b)(1) path.

Therapeutic-area view

Therapeutic area	Programmes
Henipavirus infection	BX-101 · Nipah virus infection
Filoviral haemorrhagic disease	BX-204 · Marburg virus disease; BX-806 · Sudan ebolavirus disease
Prion disease	BX-308 · sporadic & genetic Creutzfeldt–Jakob disease
Other viral haemorrhagic fever	BX-412 · Crimean-Congo haemorrhagic fever; BX-1330 · severe Rift Valley fever
Arenaviral haemorrhagic fever	BX-515 · Lassa fever; BX-1265 · South American haemorrhagic fevers
Lyssavirus encephalomyelitis	BX-620 · symptomatic rabies encephalomyelitis
Hantavirus cardiopulmonary disease	BX-733 · Andes orthohantavirus cardiopulmonary syndrome
Orthopoxvirus disease	BX-1140 · clade I mpox / orthopoxvirus disease
Serious bacterial infection	BX-1620 · melioidosis

Modality view

Modality	Count	Programmes
Small molecule	5	BX-101, BX-204, BX-620, BX-1140, BX-1265
Monoclonal antibody	2	BX-515; BX-1330 fixed pair, counted by lead biologic class
Antibody cocktail	2	BX-412, BX-806
Antisense oligonucleotide	1	BX-308
Host-directed agent	1	BX-733
Potentiated antibacterial	1	BX-1620

The mutually exclusive count is 12. BX-1330 is not counted again as a small-molecule programme even though its fixed pair includes a polymerase endonuclease inhibitor.

Programme 9

Programme 9 is a real clinical-stage programme at Phase 1. Everything else about it is withheld: its designation, indication, modality, route, study and development details. There is no timetable for publication. Please do not write to ask for the withheld information; a future cleared revision may change the public record, but none is promised.

Surgical technology

Platform	Use	Status
Lumavue™	Real-time tissue perfusion imaging	FDA 510(k) cleared, July 2026
SealWeave™	Bioresorbable staple-line sealant	Phase 1 clinical evaluation
Axion OR™	Robotic soft-tissue instrument platform	Phase 1 clinical evaluation

The surgical business is separate from the investigational medicines portfolio but shares the engineering facility opened in November 2025. “Cleared” here refers only to Lumavue’s FDA 510(k) status; it does not confer approval on any medicine or on the other platforms.

Fact-sheet index

Programme	Public fact sheet
BX-101 · Nipavir	assets/pdf/bx-101-fact-sheet.pdf
BX-204 · Marburgavir	assets/pdf/bx-204-fact-sheet.pdf
BX-308 · Prionex	assets/pdf/bx-308-fact-sheet.pdf
BX-412 · Cehafex	assets/pdf/bx-412-fact-sheet.pdf
BX-515 · Lassivar	assets/pdf/bx-515-fact-sheet.pdf
BX-620 · Rabivex	assets/pdf/bx-620-fact-sheet.pdf
BX-733 · Hantrelvir	assets/pdf/bx-733-fact-sheet.pdf
BX-806 · Sudanavir	assets/pdf/bx-806-fact-sheet.pdf
BX-1140 · Poxavir	assets/pdf/bx-1140-fact-sheet.pdf
BX-1265 · Arenavir	assets/pdf/bx-1265-fact-sheet.pdf
BX-1330 · Riftavir	assets/pdf/bx-1330-fact-sheet.pdf
BX-1620 · Meliovex	assets/pdf/bx-1620-fact-sheet.pdf

How the portfolio is prioritised

Baxtra does not rank programmes by the size of a commercial market. Three criteria govern priority: case fatality, the absence of any existing option, and the feasibility of a regulatory route. They are not a score that converts uncertainty into certainty; they are a way to decide where limited discovery, clinical, manufacturing and preparedness capacity should be spent.

Case fatality

A high case-fatality disease can justify earlier investment in a countermeasure even when incidence is episodic. The criterion is applied to the clinical syndrome and its credible range, not to a headline number selected to make a programme look important.

No existing option

The absence of an approved, dependable therapeutic option increases priority, but it does not make an investigational candidate acceptable by default. Existing supportive care, access constraints, resistance, and the difference between post-exposure prevention and treatment are considered explicitly.

Feasible regulatory route

A route must be more than theoretically available. Baxtra assesses whether the natural-history evidence, validated animal models, pharmacology, safety package, clinical endpoint and manufacturing controls can support an FDA pathway. Most programmes use the Animal Rule; BX-733, BX-1140 for mpox and BX-1620 have feasible 505(b)(1) randomised controlled trial routes.

Portfolio facts at a glance

Founded	March 2025, United States
R&D investment since inception	\$310 million; \$118 million partnered or government-funded preparedness money
Headcount	412, including 268 in research and development
Patents and continuations filed	83, including 14 not published
Clinical sites	27 across the portfolio, all in the United States
Maximum containment	Palm Coast BSL-4 suit laboratory; commissioning completed July 2026

This overview is a cleared public revision. It is not a complete inventory of Baxtra discovery work, internal risk assessments, or the withheld clinical-stage Programme 9.

Important. Baxtra Research Labs develops investigational medicines and investigational medical devices. No Baxtra investigational medicine has been approved by any regulatory authority in any country, and the safety and efficacy of none of them has been established. This document is published for information. It is not medical advice, not biosafety or biosecurity guidance, not an offer to sell or a solicitation to buy securities, and not a forecast that any programme described in it will succeed. Forward-looking statements about timing, enrolment, regulatory interactions and intended indications are subject to change without notice.

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