Contains Nonbinding Recommendations

Draft – Not for Implementation

Draft Guidance on Maralixibat Chloride

August 2026

This draft guidance, when finalized, will represent the current thinking of the Food and Drug Administration (FDA, or the Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the Office of Generic Drugs.

In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

Active Ingredient:	Maralixibat chloride
Dosage Form:	Tablet
Route:	Oral
Strengths:	EQ 10 mg Base | EQ 15 mg Base | EQ 20 mg Base | EQ 30 mg Base
Reference Listed Drug:	NDA 219485
Recommended Study:	One in vitro bioequivalence study (comparative dissolution)

Eligibility: Maralixibat is a locally acting drug that functions as an ileal bile acid transporter (IBAT) inhibitor at the terminal ileum. The drug product is designed to disintegrate and dissolve quickly to ensure drug availability at the site of action. Bioequivalence may be established by conducting one in vitro comparative dissolution study, if the test product is qualitatively the same and quantitatively similar to the reference listed drug (RLD) in inactive ingredients,[1] and the active pharmaceutical ingredient is present in the same polymorphic form as the RLD.

1. Class of study: Bioequivalence
   Type of study: In vitro comparative dissolution
   Design: Applicants should provide X-ray powder diffraction (XRPD) data confirming the polymorphic form of the active pharmaceutical ingredient. A test product is considered quantitatively similar provided that the percentage composition of the lubricants and the super-disintegrant does not deviate by more than 2% (w/w) from the corresponding

[1] If the RLD is not available, refer to the most recent version of the FDA guidance for industry on Referencing Approved Drug Products in ANDA Submissions.

excipient in the RLD, and the sum of absolute differences in percentage composition of all excipients between the test product and the RLD is within 10% (w/w).
Comparative dissolution testing should be conducted using 12 dosage units for each of the test product and RLD in multiple media, including three compendial media covering the physiologically relevant gastrointestinal pH range (e.g., pH 1.2, 4.5, and 6.8 buffer) and the quality control medium unless the quality control medium is identical to the compendial media.
Provide a dissolution method development report that includes data and information demonstrating appropriateness of the selected dissolution method and sampling times. The dissolution method should be capable of detecting meaningful changes in critical quality attributes that could potentially impact in vivo performance of the drug product and drug availability at the site of action (terminal ileum).

Bioequivalence based on: Comparison of the mean dissolution profiles between the test product and the RLD across multiple media. Similarity can be concluded and no further profile comparison is needed when both the test product and the RLD exhibit very rapid dissolution, defined as greater than 85% dissolved within 15 minutes in all tested media. When the very rapid dissolution criterion is not met, similarity should be demonstrated by an appropriate statistical comparison such as the f2 similarity factor.

Meeting recommendations: FDA supports the development of alternative bioequivalence approaches. In order to clarify FDA's expectations for prospective applicants early in product development and to assist applicants to submit an abbreviated new drug application (ANDA), FDA encourages applicants to discuss their development program for an alternative approach to bioequivalence with FDA via the pre-ANDA meeting pathway.

Document History: Recommended August 2026