Trevi Therapeutics Announces Upcoming Presentations at the European Respiratory Society (ERS) Congress 2026

August 26, 2026

Professor Marlies Wijsenbeek will give an oral presentation on the quality-of-life outcomes assessed by the LCQ from the Phase 2b CORAL trial of nalbuphine ER for the treatment of patients with IPF-related chronic cough

Dr. Imran Satia will give a poster presentation on the quality-of-life outcomes assessed by the LCQ from the Phase 2a RIVER trial of nalbuphine ER for the treatment of patients with RCC

NEW HAVEN, Conn., Aug. 26, 2026 (GLOBE NEWSWIRE) -- Trevi Therapeutics, Inc. (Nasdaq: TRVI), a clinical-stage biopharmaceutical company developing the investigational therapy oral nalbuphine ER for the treatment of chronic cough in patients with idiopathic pulmonary fibrosis (IPF), non-IPF interstitial lung disease (non-IPF ILD), and refractory chronic cough (RCC), today announced the acceptance of two abstracts for presentation at the European Respiratory Society (ERS) Congress 2026, taking place from September 5-9, 2026, in Barcelona, Spain.

Abstract: Nalbuphine extended-release for chronic cough in patients with idiopathic pulmonary fibrosis: assessment of quality of life using the Leicester Cough Questionnaire in the Phase 2b CORAL trial
Oral Presentation Session: 325 – Moving forward in interstitial lung disease: new data on novel therapies
Date & Time: September 7, 11:00 a.m. to 12:15 p.m. CEST
Location: 3K
Oral Presenter: Marlies S. Wijsenbeek, MD, PhD

Abstract: Quality of life outcomes assessed by the Leicester Cough Questionnaire in the Phase 2a RIVER trial of nalbuphine extended-release in refractory chronic cough
Poster Session: 343 – Novel cough therapeutics: the airway microbiome
Date & Time: September 7, 12:30 p.m. to 2:00 p.m. CEST
Location: PS-15
Poster Presenter: Imran Satia, MB, BChir, PhD, MRCP

Registration Details

About the Phase 2b CORAL Trial
The Phase 2b Cough Reduction in IPF with nalbuphine ER (CORAL) trial was a double-blind, randomized, placebo-controlled, parallel-arm trial evaluating three doses of nalbuphine ER (27 mg, 54 mg, and 108 mg twice daily) compared to placebo for the treatment of chronic cough in patients with IPF over a 6-week treatment period. 165 patients with IPF chronic cough were randomized 1:1:1:1 to one of three nalbuphine ER dose groups or placebo with an initial 2-week titration period to the target dose followed by 4 weeks of fixed dosing. The primary efficacy endpoint for the trial was the relative change in 24-hour cough frequency (coughs per hour), as determined by an objective cough monitor, for the modified intent-to-treat (mITT) population at the end of Week 6 versus Baseline for nalbuphine ER compared to placebo. The mITT population consisted of all patients who were randomized and received at least one dose of study drug or placebo.

About the Phase 2a RIVER Trial
The Phase 2a Refractory Chronic Cough Improvement Via Nalbuphine ER (RIVER) trial was a randomized, double-blind, placebo-controlled, two-treatment, two-period, crossover study designed to evaluate the efficacy, safety, and tolerability of nalbuphine ER for the treatment of patients with RCC. Each treatment period lasted 21 days, separated by a 21-day washout period. During the nalbuphine ER treatment period, patients were titrated with assessments at 27 mg twice daily (BID), 54 mg BID, and 108 mg BID for objective cough and other assessments at each dose. The primary endpoint of the trial was the mean change in 24-hour cough frequency, as determined by an objective cough monitor, for the full analysis set (FAS) population at Day 21. The FAS population included all patients who received at least one dose of study drug and have objective cough count data on both Baseline and Day 21 in at least one treatment period.

About Trevi Therapeutics, Inc.
Trevi Therapeutics, Inc. is a clinical-stage biopharmaceutical company developing the investigational therapy Haduvio™ (oral nalbuphine extended-release) for the treatment of chronic cough in patients with idiopathic pulmonary fibrosis (IPF), non-IPF interstitial lung disease (non-IPF ILD), and refractory chronic cough (RCC). In clinical trials, Haduvio showed a statistically-significant reduction in cough frequency, consistent across baseline cough frequencies, and showed improvements in patient-reported outcomes, in both patients with IPF-related chronic cough and in patients with RCC. Haduvio is believed to act on the cough reflex arc both centrally and peripherally as a kappa agonist and a mu antagonist (KAMA), targeting opioid receptors that play a key role in controlling chronic cough. Nalbuphine is not currently scheduled by the U.S. Drug Enforcement Agency.

Chronic cough in patients with IPF and non-IPF ILD is a condition with high unmet need and no FDA-approved therapies. There

are ~140,000 U.S. patients with IPF, and two-thirds of these patients are faced with uncontrolled chronic cough. Additionally, there are ~228,000 U.S. patients with non-IPF ILD, with 50-60% having uncontrolled chronic cough. The impact of chronic cough is significant, with patients coughing up to 1,500 times per day. This consistent cough, and any associated damage, may lead to a higher risk of morbidity and mortality, including worsening disease, a higher risk of progression, increased respiratory hospitalizations, and a decline in patients' quality of life.

RCC is a condition with high unmet need and no FDA-approved therapies. RCC is defined as a persistent cough lasting >8 weeks despite treatment for an underlying condition (i.e., asthma, gastroesophageal reflux disease, non-asthmatic eosinophilic bronchitis, upper airway cough syndrome, or post-nasal drip) and includes unexplained chronic cough. There are ~2-3 million U.S. patients with RCC, and it is believed to be associated with cough reflex hypersensitivity involving both the central and peripheral nervous systems. RCC is highly debilitating and may impact patients physically, psychologically, and socially.

Trevi intends to propose Haduvio as the trade name for oral nalbuphine ER. Its safety and efficacy have not been evaluated by any regulatory authority.

For more information, visit www.TreviTherapeutics.com and follow Trevi on X (formerly Twitter) and LinkedIn.

Investor Contact
Jonathan Carlson
Trevi Therapeutics, Inc.
(203) 654 3286
IR@trevitx.com

Media Contact
Rosalia Scampoli
914-815-1465
rscampoli@marketcompr.com