



May 2024

Safe Harbor

This presentation contains forward-looking statements within the meaning of the Securities Exchange Act of 1934, as amended, and the Securities Act of 1933, as amended. All statements contained in this presentation other than statements of historical fact are forward-looking statements. When used in this presentation or elsewhere by management from time to time, the words “believe,” “anticipate,” “intend,” “plan,” “estimate,” “expect,” “may,” “will,” “should,” “seeks” and similar expressions indicate a forward-looking statement, but the absence of these words does not mean that a statement is not forward-looking. Forward-looking statements may include, but are not limited to, statements about such topics as our future revenue and expenses; the progress and timing of our research, development and clinical programs; our regulatory activities; our commercial activity, including marketing, distribution, pricing and insurance reimbursement; estimates of when we expect to report results of our clinical trials and the substance of those results; timing of the introduction of future product candidates; our ability to commercialize and achieve market acceptance for our future product candidates, including relacorilant, dazucorilant, miricorilant and our other selective cortisol modulators; uncertainties associated with obtaining and enforcing patents as well as the scope of their protective power; the anticipated benefits of orphan drug designation in the United States and the European Union; estimates regarding our capital requirements and our need for and ability to obtain additional financing. Forward-looking statements are not guarantees of future performance and involve risks and uncertainties that may cause actual events or results to differ materially from those discussed in the forward-looking statements. They reflect our view only as of the date of this presentation. Except as required by law, we undertake no obligation to update any forward-looking statements. You should carefully consider the risk factors set forth in reports we file with the Securities and Exchange Commission.





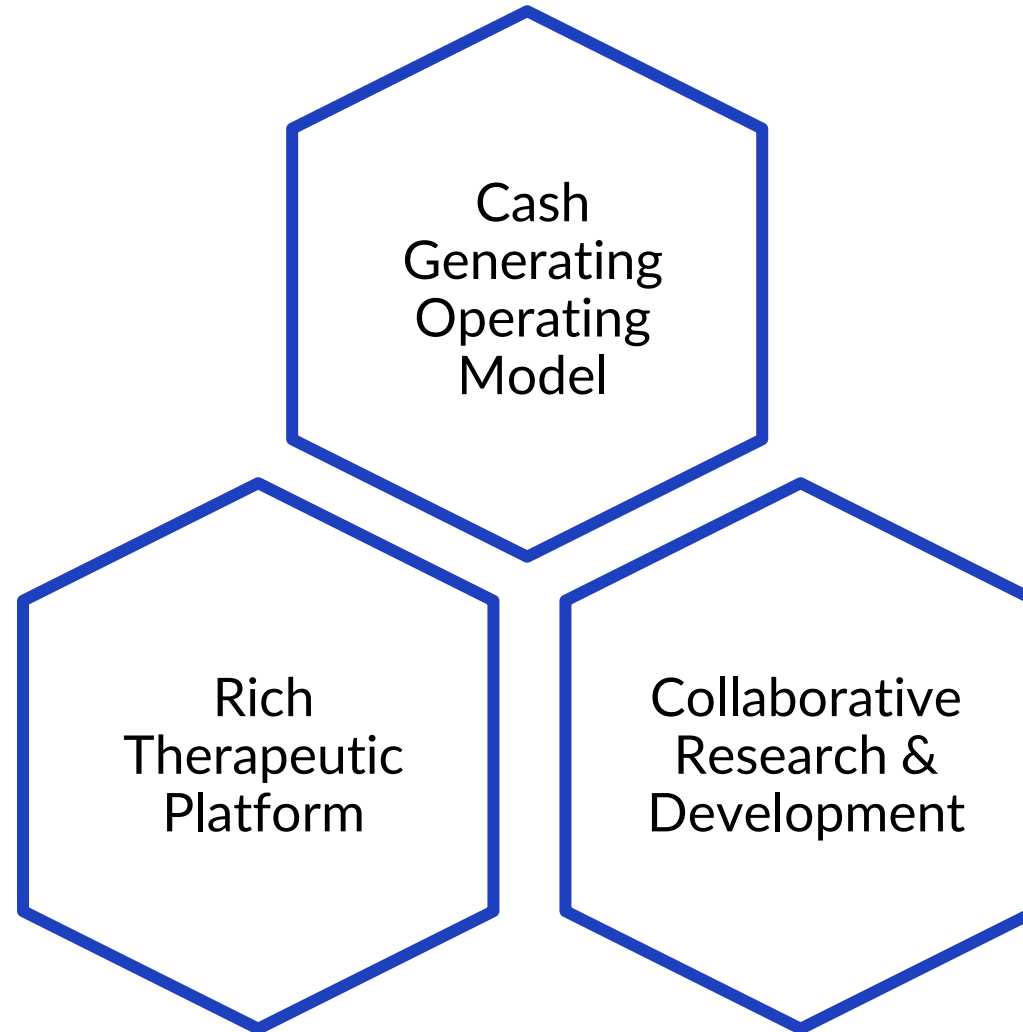
**Discovering, developing and commercializing
medications that treat severe diseases by
modulating the effects of the stress hormone
CORTISOL**

Cortisol – The Stress Hormone

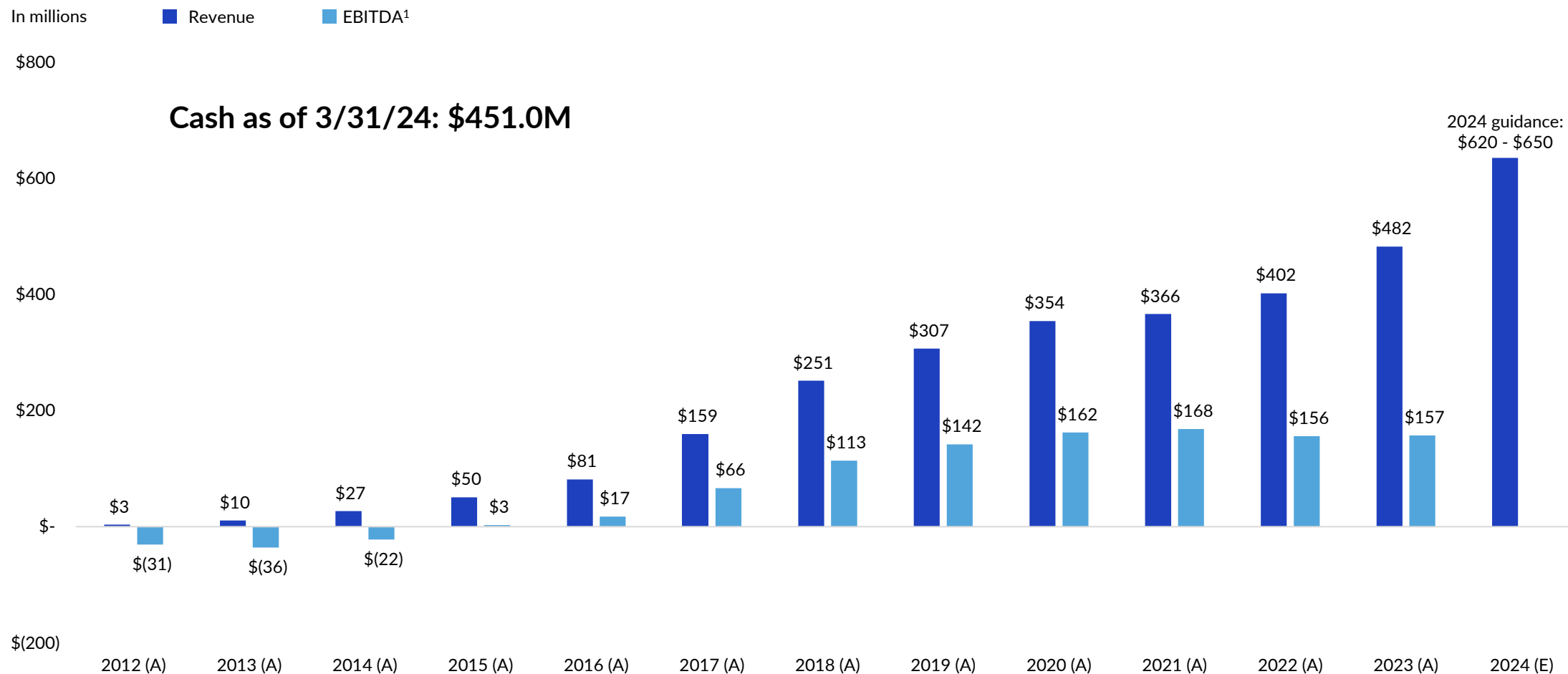
- Essential for life
 - Produced by the adrenal glands
 - Diurnal rhythm
 - Binds to receptors found in nearly every tissue type
- Excess cortisol activity causes and exacerbates serious diseases
- Korlym® and our proprietary next-generation selective cortisol modulators compete with cortisol at the glucocorticoid receptor (GR)
- None of our selective cortisol modulators bind to the progesterone receptor (PR)
 - They are not identical – individual compounds are more potent in different diseases



Corcept's Model for Growth



Cash Generating Operating Model



1) EBITDA: operating income plus stock-based compensation and depreciation & amortization

Rich Therapeutic Platform

Program	Compound	Stage of Development / Status
Hypercortisolism (Cushing's Syndrome)		
GRACE (all etiologies of Cushing's syndrome)	Relacorilant	Pivotal Phase 3 / Open-label phase results announced; Randomized withdrawal phase results and NDA submission expected in Q2 2024
GRADIENT (Cushing's syndrome caused by adrenal adenoma)	Relacorilant	Phase 3 / Enrollment completed; Results expected in Q4 2024
CATALYST (prevalence and treatment of Cushing's syndrome)	Korlym	Phase 4 / Enrollment completed; Preliminary prevalence phase results announced; Treatment phase results expected by year-end 2024
Oncology		
ROSELLA (platinum-resistant ovarian cancer)	Relacorilant + Abraxane	Pivotal Phase 3 / Enrollment completed; Results expected by year-end 2024
Prostate cancer	Relacorilant + Xtandi	Phase 2 / Enrolling; Collaboration with the University of Chicago
Adrenal cancer with cortisol excess	Relacorilant + Keytruda	Phase 1b / Enrollment completed; Results expected by mid-2024
Amyotrophic Lateral Sclerosis		
DAZALS (ALS)	Dazucorilant	Phase 2 / Enrollment completed; Results expected by year-end 2024
Non-Alcoholic Steatohepatitis		
MONARCH (NASH)	Miricorilant	Phase 2b / Enrolling



Hypercortisolism (Cushing's Syndrome)

- Highly morbid orphan disease
- Hypercortisolism caused by a tumor that produces cortisol or ACTH
- Patients suffer a wide array of complications including:
 - Diabetes
 - Hypertension
 - Central obesity
 - Muscle weakness
 - Osteoporosis
 - Immune suppression
 - Altered mood
 - Cognitive dysfunction

Cushing's Syndrome: Significant Unmet Need

- A heterogeneous disease with nonspecific signs and symptoms that can hinder screening and diagnosis
- Surgery is the first-line treatment but is not successful or an option for everyone
- Associated with substantial cardiometabolic morbidity, 4–5x increased mortality^{1–3}, and 5–7x increased healthcare costs⁴
- Need for a treatment that addresses the clinical signs and symptoms and improves quality of life and health utility measures without the adverse events associated with current treatments



1) Clayton et al. J Clin Endocrinol Metab. 2011. 2) Lindholm et al. J Clin Endocrinol Metab. 2001.
3) Etxabe et al. Clin Endocrinol. 1994. 4) Burton et al. Pituitary. 2016.

Investing to Improve the Screening and Treatment of Patients with Cushing's Syndrome

CATALYST

- Randomized, double-blind, placebo-controlled, Phase 4 trial
 - Prevalence phase: examining the prevalence of Cushing's syndrome in patients with difficult to control type 2 diabetes
 - Treatment phase: Patients with hypercortisolism randomized for treatment with Korlym or placebo for 24 weeks
- Over 1,000 patients enrolled
- Preliminary results: ~25% hypercortisolism prevalence rate
 - Final prevalence phase results will be presented at the American Diabetes Association's 84th Scientific Sessions in June
- Treatment phase results expected by year-end 2024

Commercial Capabilities Drive Korlym Business

- Deep understanding of Cushing's syndrome
- A highly-skilled, experienced field organization
 - Focused on ~3,000 endocrinologists
 - Clinical Specialists
 - Medical Science Liaisons
- Support for patients
 - Corcept patient advocates
 - Personal service from a single specialty pharmacy
 - No patient denied medicine for financial reasons
- Support for physicians
 - Peer-to-peer programs with the leading experts
 - Educational materials to help healthcare providers identify and manage patients with hypercortisolism

Intellectual Property for Cushing's Syndrome

Korlym:

- Method of use patents extending to 2038
- ANDAs submitted by Teva, Sun and Hikma
 - On December 29, 2023, the Federal District Court ruled that Teva's proposed product would not infringe two Corcept patents
 - Corcept has appealed this decision to the Federal Circuit Court of Appeals

Relacorilant NDA submission expected in Q2 2024

Relacorilant:

- Composition of matter patent extending to 2038
- Method of use, formulation and manufacturing patents extending to 2040



Relacorilant: Pivotal Phase 3 GRACE Trial

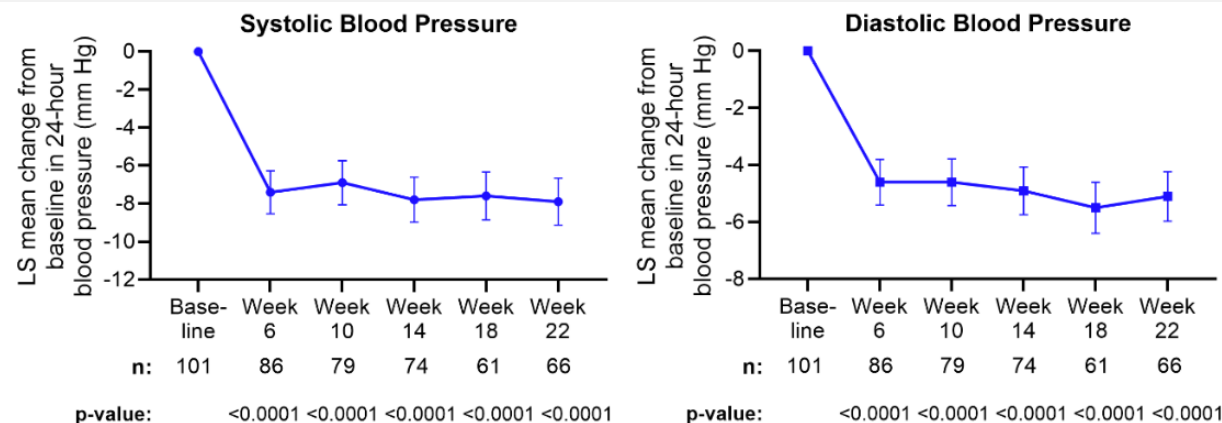
GRACE

- Randomized withdrawal design
 - Open-label phase: 152 patients with Cushing's syndrome and either hypertension, hyperglycemia or both received relacorilant for 22 weeks
 - Randomized, double-blind withdrawal phase: patients who exhibited pre-specified improvements in hypertension and/or hyperglycemia, half continue to receive relacorilant and half receive placebo for 12 weeks
 - Primary endpoint: maintenance of blood pressure control
 - Other endpoints: maintenance of glycemic control and changes in body weight, waist circumference, cognition and Cushing's Quality of Life score
- Open-label results:
 - Patients exhibited clinically meaningful and statistically significant improvements in hypertension, hyperglycemia, and other signs and symptoms of Cushing's syndrome
 - Relacorilant was well-tolerated
- Randomized withdrawal results expected in Q2 2024

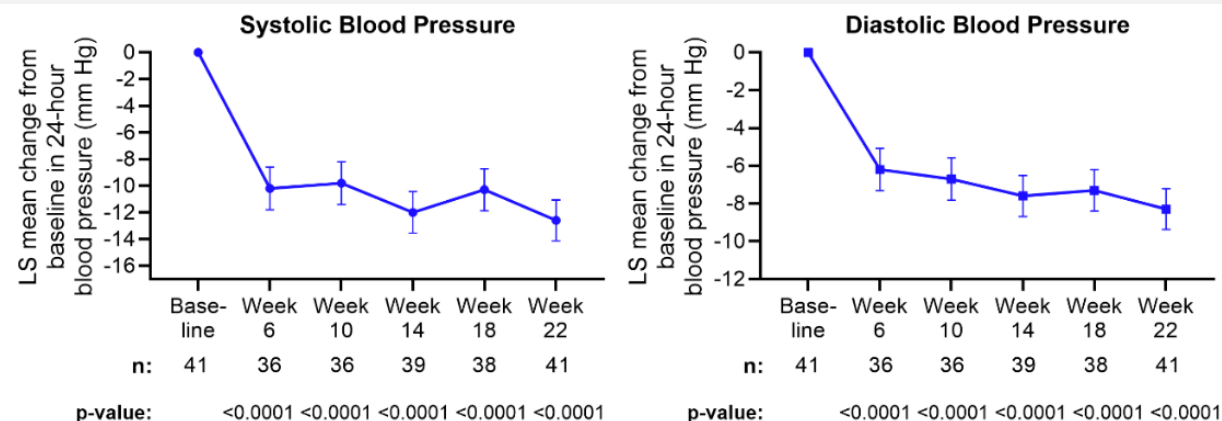
Open-label GRACE Results: Improvement in Hypertension

- Rapid and sustained improvements in systolic (SBP) and diastolic (DBP) blood pressure observed in all patients with hypertension
 - Mean improvement of 7.9 mm Hg in SBP and 5.4 mm Hg in DBP (p-values: <0.0001)
- 63% of patients with hypertension met the study's response criteria
- Patients with hypertension who entered randomized withdrawal phase: mean improvement of 12.6 mm Hg in SBP and 8.3 mm Hg in DBP (p-values: <0.0001)

All patients with hypertension



Patients with hypertension who entered randomized withdrawal phase

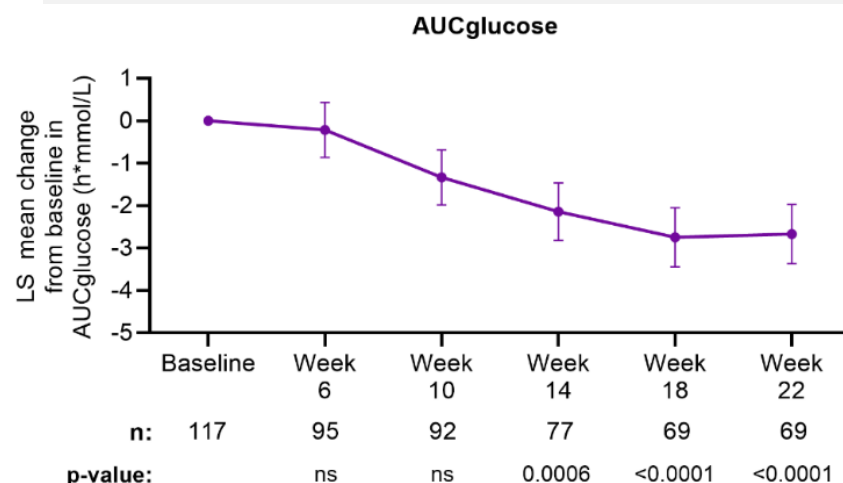


LS=Least squares. Error bars: Standard error of the mean. LS mean and standard error calculated using a linear mixed model for repeated measures (MMRM). Wilcoxon rank sum test p-values for the mean change from baseline.

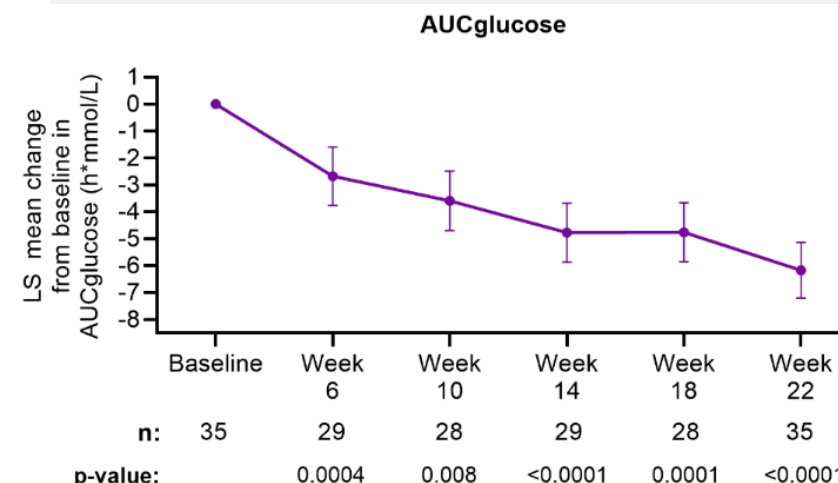
Open-label GRACE Results: Improvement in Glucose Control

- Clinically meaningful and statistically significant improvements in glucose metabolism observed in all patients with hyperglycemia (includes patients with diabetes and impaired glucose tolerance)
 - Mean improvements in AUCglucose of 3.3 h*mmol/L, HbA1c of 0.3% and fasting glucose of 12.4 mg/dL (p-values: <0.0001, 0.03, 0.03)
- 50% of patients with hyperglycemia met the study's response criteria
- Patients with hyperglycemia who entered randomized withdrawal phase: mean improvements in AUCglucose of 6.2 h*mmol/L, HbA1c of 0.7% and fasting glucose of 25.2 mg/dL (p-values: <0.0001, <0.0001, 0.006)

All patients with hyperglycemia



Patients with hyperglycemia who entered randomized withdrawal phase



LS=Least squares. NS=not significant. Error bars: Standard error of the mean. LS mean and standard error calculated using a linear mixed model for repeated measures (MMRM). Wilcoxon rank sum test p-values for the mean change from baseline.

Open-label GRACE Results: Improvement in Other Cushing's Syndrome Signs and Symptoms

- Patients exhibited statistically significant improvement in:
 - Body weight (p-value: <0.0001)
 - Waist circumference (p-value: <0.0001)
 - Cognition (p-value: <0.0001)
 - Cushing's Quality of Life score (p-value: <0.0001)

Open-label GRACE Results: Relacorilant was Well Tolerated

- No progesterone related side effects
(such as endometrial hypertrophy with or without vaginal bleeding)
- No treatment induced:
 - Hypokalemia
 - Adrenal insufficiency
 - QT prolongation

Relacorilant: Phase 3 GRADIENT Trial

GRADIENT

- Enrolled 137 patients with Cushing's syndrome caused by adrenal adenomas
- Multi-center, randomized, double-blind, placebo-controlled, 22-week study
- Results expected in Q4 2024

Corcept: What's Next?

Cortisol Modulation is a Rich Therapeutic Platform



Cortisol Modulation's Therapeutic Potential

CUSHINGS SYNDROME

Fleseriu (2012); Pivonello (2021)

OVARIAN CANCER

Colombo (2023)

PROSTATE CANCER

Kapoor (2012); Ligr (2012)

TRIPLE-NEGATIVE BREAST CANCER

Nanda (2011); Skor (2013)

NON-SMALL CELL LUNG CANCER

Check (2010)

ANTIPSYCHOTIC-INDUCED WEIGHT GAIN

Beebe (2006); Gross (2009); Gross (2010); Belanoff (2011); Asagami (2011)

NON-ALCOHOLIC FATTY LIVER DISEASE

Targher (2006); Ahmed (2012)

OBESITY

Vicennati (2009)

DIABETES

Chiodini (2007)



POST TRAUMATIC STRESS DISORDER

Pitman (2010)

ALCOHOL DEPENDENCE

Higley (2011)

ALZHEIMER'S DISEASE

Huang (2009)

AMYOTROPHIC LATERAL SCLEROSIS

Meyer (2020)

HUNTINGTON'S DISEASE

Dufour (2019)

HYPERTENSION

Frey (2004); Hammer (2006); Chamarthi (2007); Inada (2008)

OSTEOPOROSIS

Kaltsas (2002); Chiodini (2007)

CENTRAL SEROUS RETINOPATHY

Nielsen (2007)

Corcept Oncology Program: Mechanisms of Action

**Combining a cortisol modulator with an anti-cancer agent
makes it more difficult for tumor cells to survive**

Apoptosis

Cortisol is
anti-apoptotic

Growth Pathway

Cortisol provides a
growth pathway for
tumors following
anti-androgen therapy

Immunosuppression

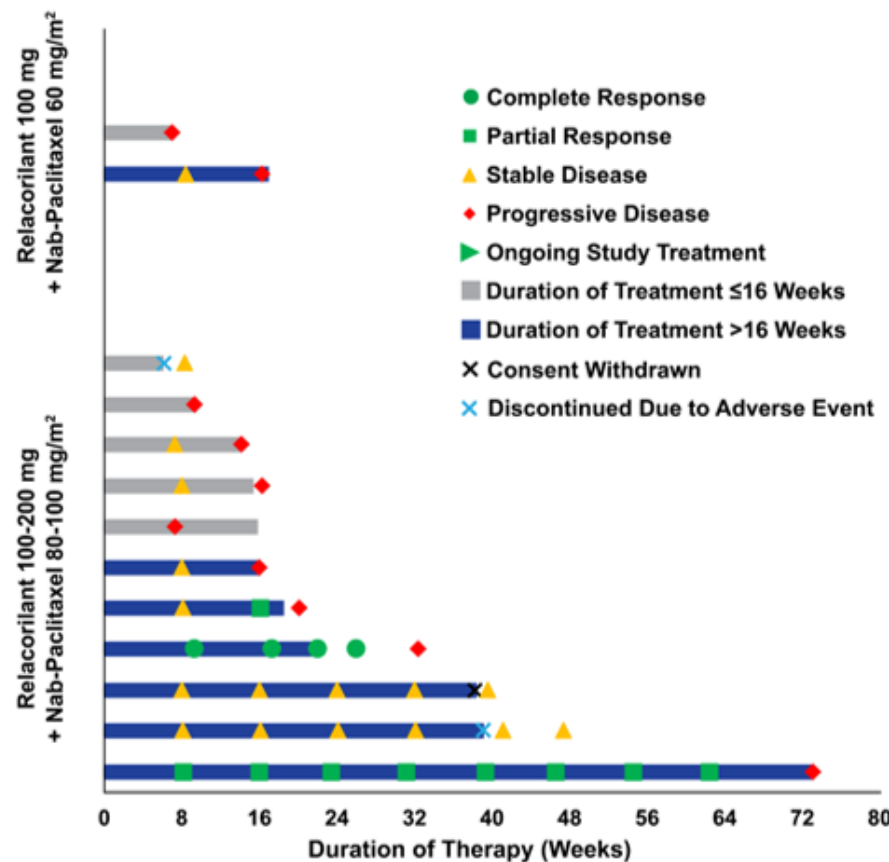
Cortisol suppresses the
immune system

Corcept Oncology Program: Summary

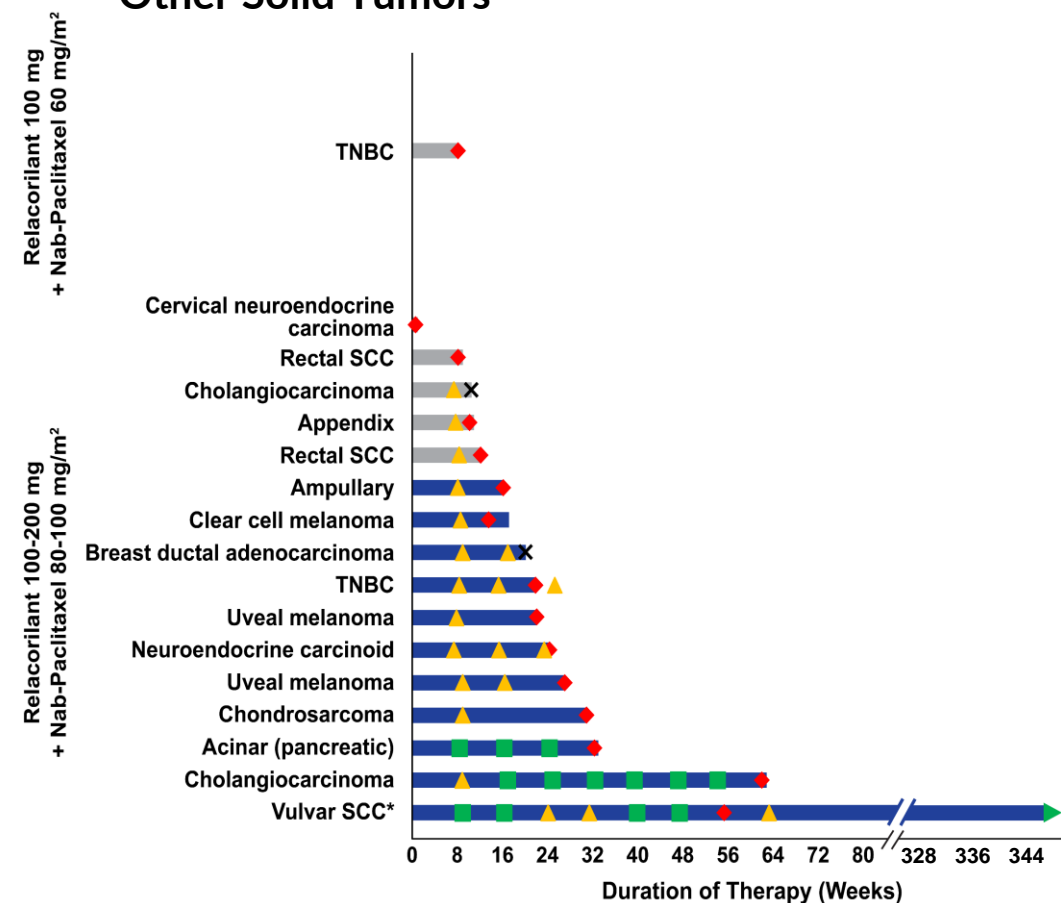
Compound	Study Population	Combination	Mechanism of Action
Relacorilant			
Phase 3	Platinum-resistant ovarian cancer	Abraxane (nab-paclitaxel)	Apoptosis
Phase 2	Prostate cancer	Xtandi (enzalutamide)	Growth Pathway
Phase 1b	Adrenal cancer with cortisol excess	Keytruda (pembrolizumab)	Immunosuppression

Anti-Tumor Activity Observed in Relacorilant Phase 1 Trial in Ovarian Cancer and Other Solid Tumors

Ovarian Cancer



Other Solid Tumors

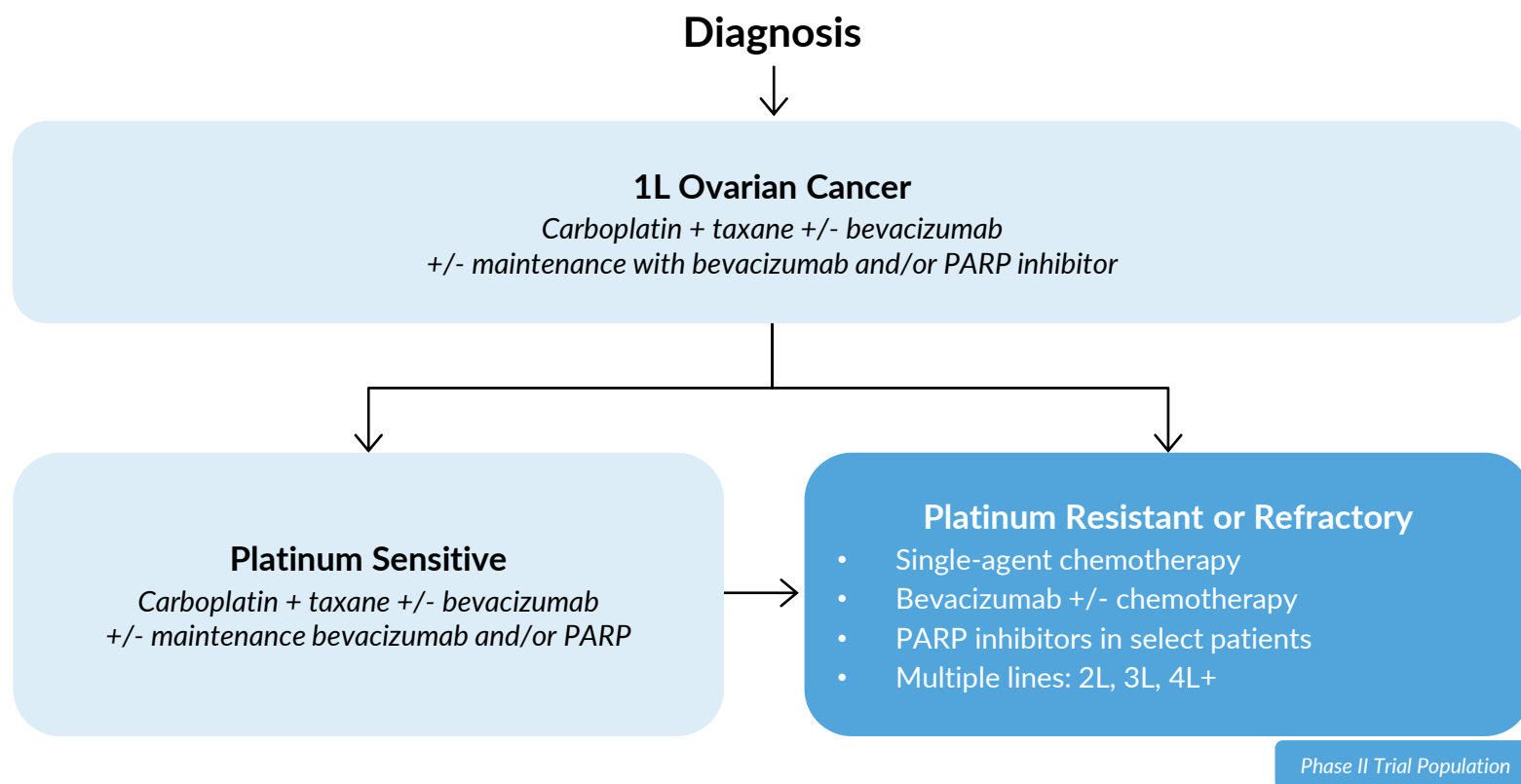


Munster et al. Clin Cancer Res. 2022.

* Patient with vulvar SCC transitioned to a Single Patient Expanded Access study after week 136 and continues on treatment without disease progression as of April 2024.

Significant Unmet Need in Platinum-Resistant Ovarian Cancer

~21,000 newly diagnosed cases of ovarian cancer annually in the United States¹



- In the United States, approximately 20,000 women with platinum-resistant disease are candidates to start a new therapy each year

Relacorilant Phase 2 in Platinum-Resistant Ovarian Cancer: Study Design and Baseline Patient Characteristics

- Controlled, randomized, Phase 2 trial of 178 patients with platinum-resistant ovarian cancer

	INTERMITTENT N=60	CONTINUOUS N=58	COMPARATOR N=60	Overall N=178
Age, median (range), years	60 (38, 81)	60 (45, 75)	61.5 (41, 81)	61 (38, 81)
Platinum-refractory*, no. (%)	23 (38.3%)	20 (34.5%)	22 (36.7%)	65 (36.5%)
Primary platinum-refractory**, no. (%)	7 (11.7%)	3 (5.2%)	1 (1.7%)	11 (6.2%)
Number of prior therapies, median (range)	2.5 (1, 4)	3 (1, 5)	3 (1, 4)	3 (1, 5)
Patients with ≥4 prior lines of therapy, no. (%)	7 (11.7%)	15 (25.9%)	9 (15.0%)	31 (17.4%)
Prior taxane therapy, no. (%)	59 (98.3%)	58 (100%)	60 (100%)	177 (99.4%)

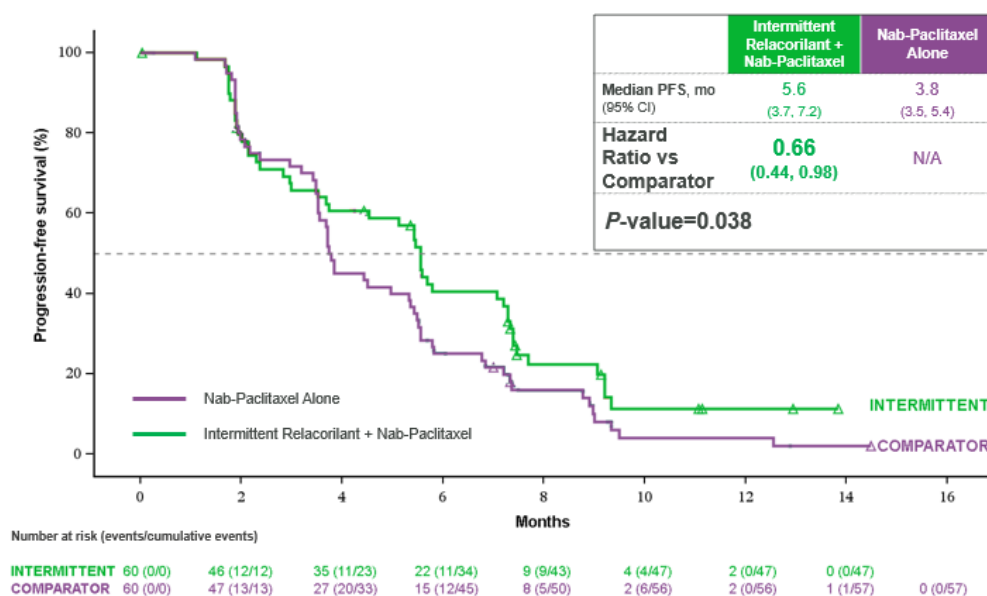


* Platinum-refractory: Patients previously treated with platinum agents who experience disease progression within 1 month from last platinum treatment.

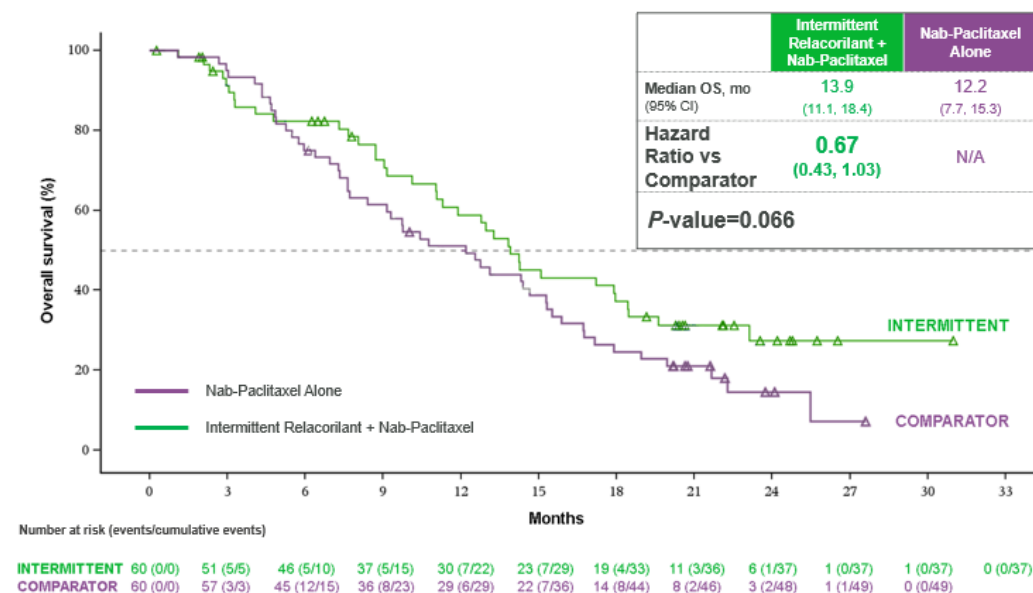
** Primary platinum-refractory: Patients previously untreated with platinum agents who experience disease progression within 1 month of first line platinum-based chemotherapy. CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy.

Intermittent Relacorilant + Nab-Paclitaxel Improved PFS, DoR and OS – All Patients

Progression-Free Survival



Overall Survival



Duration of Response: HR = 0.36, 95% CI (0.16 – 0.77), P = 0.006



PFS: progression-free survival; OS: overall survival; DoR: duration of response

Safety and Tolerability of Intermittent Relacorilant + Nab-Paclitaxel Comparable to Nab-Paclitaxel Monotherapy

n, (%)	INTERMITTENT N=60	CONTINUOUS N=57	COMPARATOR N=60
Neutropenia ^a	12 (20.0%)	22 (38.6%)	22 (36.7%)
Grade ≥3	4 (6.7%)	15 (26.3%)	9 (15.0%)
Febrile neutropenia (Grade 3) ^b	0 (0.0%)	0 (0.0%)	1 (1.7%)
Anemia ^c	29 (48.3%)	37 (64.9%)	34 (56.7%)
Grade ≥3	8 (13.3%)	11 (19.3%)	7 (11.7%)
Peripheral neuropathy ^d	21 (35.0%)	27 (47.4%)	18 (30.0%)
Grade ≥3	0 (0.0%)	9 (15.8%)	3 (5.0%)
Fatigue or asthenia	33 (55.0%)	41 (71.9%)	39 (65.0%)
Grade ≥3	6 (10.0%)	5 (8.8%)	1 (1.7%)

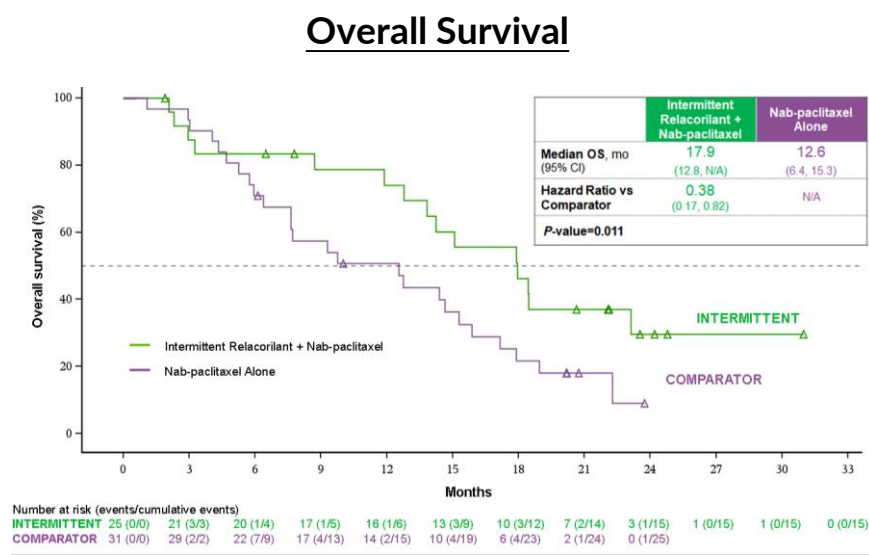
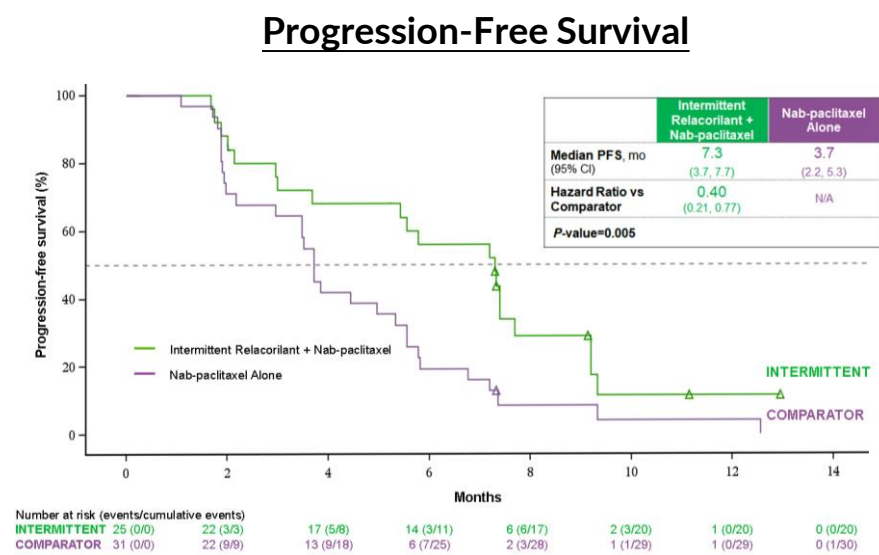
- All relacorilant-treated patients received prophylactic G-CSF per protocol to reduce the risk of neutropenia
- 46.7% of patients in the comparator arm received G-CSF per the investigator's standard practice



a) Neutropenia, neutrophil count decreased; b) Secondary to E.coli urinary sepsis in this patient; c) Anemia, hemoglobin decreased; d) Neuropathy peripheral, neurotoxicity, peripheral motor neuropathy, peripheral sensorimotor neuropathy, peripheral sensory neuropathy
 CONTINUOUS, once-daily relacorilant + nab-paclitaxel; INTERMITTENT, intermittent relacorilant + nab-paclitaxel; COMPARATOR, nab-paclitaxel monotherapy; G-CSF, granulocyte-colony stimulating factor

Pivotal Phase 3 ROSELLA Trial in Platinum-Resistant Ovarian Cancer

- ROSELLA trial design closely tracks the Phase 2 study
 - Includes patients that received prior bevacizumab therapy
 - Excludes patients with primary platinum-refractory disease and ≥ 4 prior lines of therapy
- 381 patients enrolled
 - Results expected by year-end 2024
- ROSELLA patient population in Phase 2 study exhibited greater improvement



PFS: progression-free survival; OS: overall survival; DoR: duration of response

Amyotrophic Lateral Sclerosis (ALS): Significant Unmet Need

- ~25,000 people living with ALS in the United States; more than 30,000 in Europe
 - More than 10,000 newly diagnosed each year in the United States and Europe
- Mean survival time of 2-5 years after diagnosis
- Few treatment options

Dazucorilant

- Exhibited great promise in animal models of ALS
- DAZALS:
 - Randomized, double-blind, placebo-controlled, Phase 2 trial
 - Primary endpoint: ALS Functional Rating Scale-Revised total score change
 - 249 patients enrolled
 - Results expected by year-end 2024

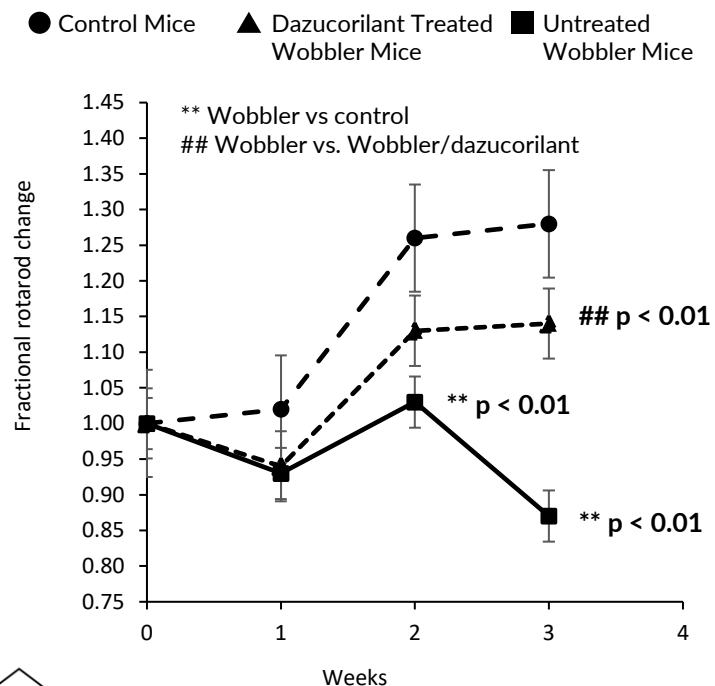


Dazucorilant Improves Function and Pathology in ALS Mouse Model

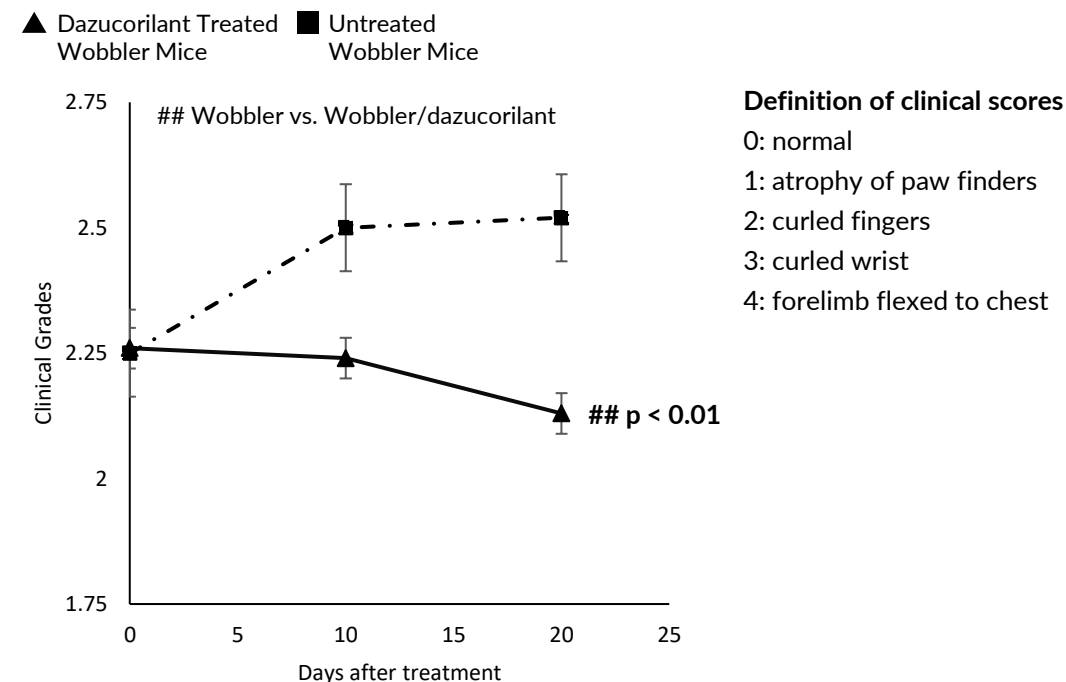
Wobbler mice treated with dazucorilant exhibited:

- Improved motor performance
- Reduced muscular atrophy and neuroinflammation

Motor Performance



Muscular Atrophy



Non-Alcoholic Steatohepatitis (NASH): Significant Unmet Need

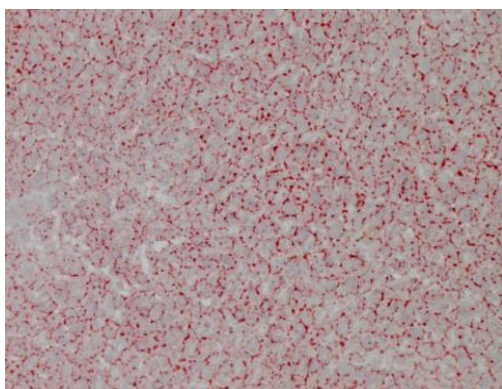
- NASH is a severe liver disorder that afflicts millions of patients in the United States and increases the risk of liver-related morbidity and mortality
- Heterogeneous disease with few treatment options

Miricorilant: Prevents and Treats Fatty Liver Disease in Animal Models

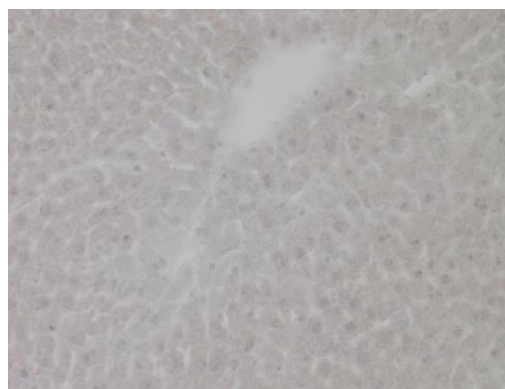
Mouse model of fatty liver prevention:

- Control mice: high fat diet and no drug for 21 days
- Miricorilant treated mice: high fat diet and miricorilant for 21 days

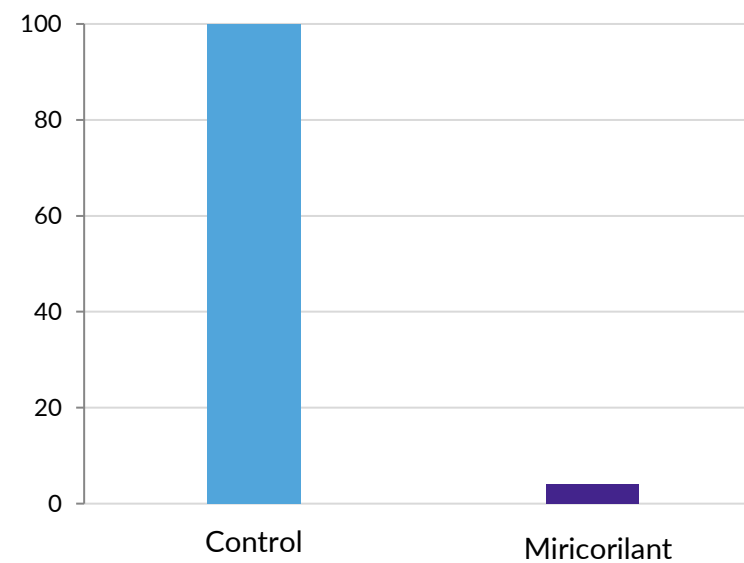
Control mice



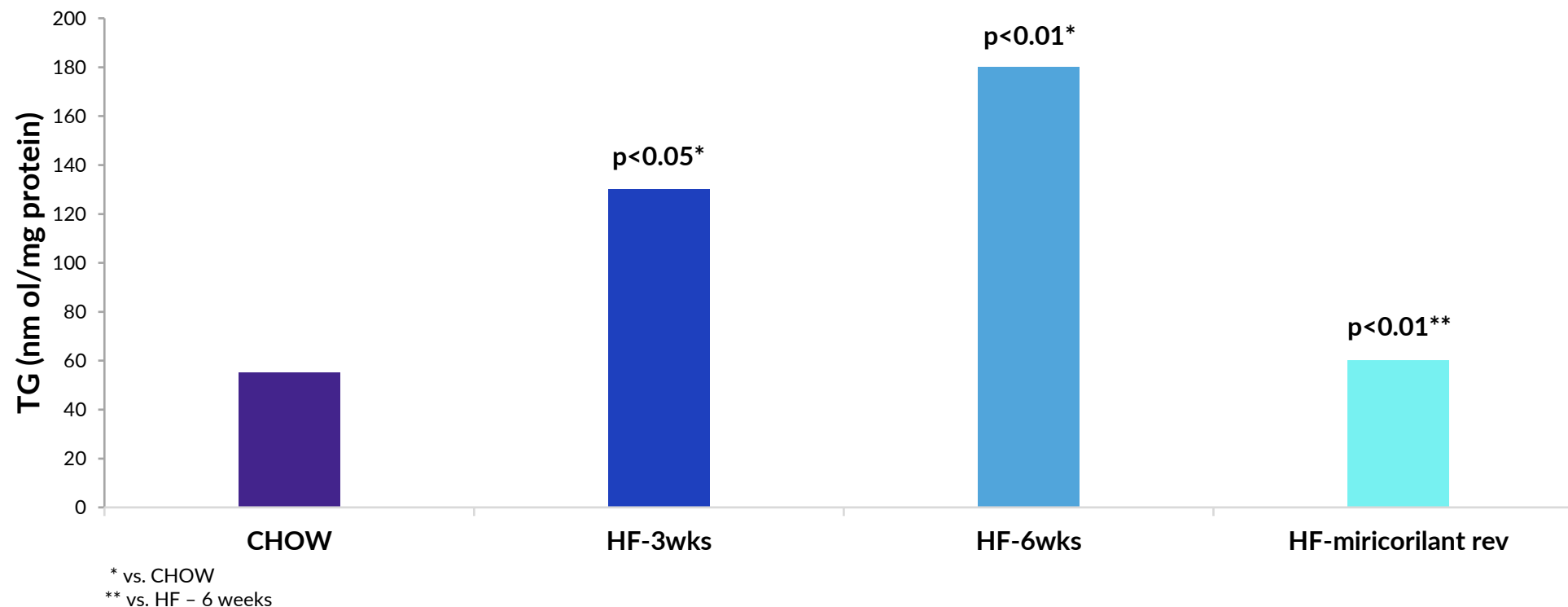
Miricorilant treated mice



Liver lipids, % control



Miricorilant: Prevents and Treats Fatty Liver Disease in Animal Models



Miricorilant reverses lipid accumulation in the liver

Miricorilant: Promising Phase 1b Results, Phase 2b Trial Underway

- Phase 1b topline results:
 - ~30% reduction in liver fat
 - 100 mg miricorilant taken orally twice weekly for 12 weeks
 - Improved liver health
 - Improvements in key metabolic and lipid measures
 - Very well-tolerated
- MONARCH Phase 2b trial enrolling
 - Randomized, double-blind, placebo-controlled study
 - 100 mg of miricorilant or placebo taken orally twice weekly for 48 weeks
 - Primary endpoint: reduction in liver fat
 - Key secondary endpoints: NASH resolution and fibrosis improvement
 - Planned enrollment: 150 biopsy-confirmed patients with NASH

Academic Collaborations Inform and Augment Our Development Efforts

ONCOLOGIC

Mifepristone Clinical Research:

- Triple-negative breast cancer
- Castration-resistant prostate cancer

Mifepristone and/or New Chemical Entity Basic Science Research:

- Triple-negative breast cancer
- Ovarian cancer
- Prostate cancer
- Cachexia
- Ewing sarcoma
- Vulvar cancer
- Adrenal tumors
- Glioblastoma
- Solid tumors

OPHTHALMOLOGIC

Mifepristone Clinical Research:

- Central serous chorioretinopathy multicenter randomized clinical study

CARDIOVASCULAR

Mifepristone and/or New Chemical Entity Basic Science Research:

- Atherosclerosis and GR

NEUROLOGIC

New Chemical Entity Clinical Research:

- Mild cognitive impairment due to dementia

Mifepristone and/or New Chemical Entity Basic Science Research:

- Amyotrophic Lateral Sclerosis (ALS) and GR
- Alzheimer's disease
- Epilepsy
- Neuroinflammation
- Huntington's disease

METABOLIC

Mifepristone Clinical Research:

- Type 2 diabetes, randomized trial
- Petrosal sinus sampling
- Prevalence of hidden cortisol excess in type 2 diabetes and obesity

Mifepristone and/or New Chemical Entity Basic Science Research:

- Hepatic steatosis
- Cushing's syndrome
- Metabolic syndrome
- Inflammation
- Metabolic effects of early life stress
- GR and somatostatins
- Metabolism and obesity
- Bone formation
- Polycystic ovary syndrome

PSYCHIATRIC

Mifepristone Clinical Research:

- Alcohol dependence, randomized trial
- Anxiety, open-label trial
- GR and alcohol withdrawal
- Use of PET to evaluate cerebral glucose metabolism and dopamine receptor 2 availability in PD patients
- Tobacco use disorder
- Major depression

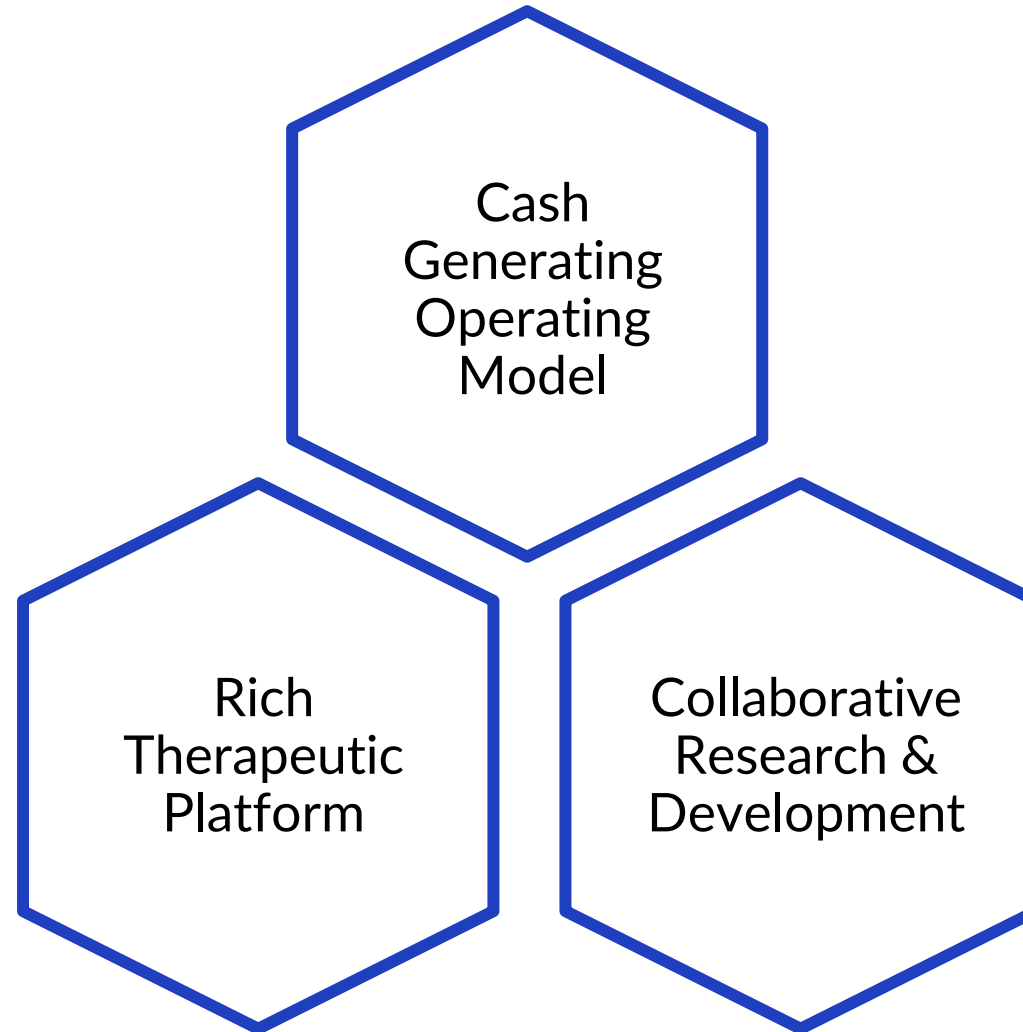
New Chemical Entity Clinical Research:

- Alcohol use disorder
- Post-traumatic stress disorder
- Alzheimer's disease

Mifepristone and/or New Chemical Entity Basic Science Research:

- Cocaine administration
- Stress
- GR signaling in the brain
- Alcohol use disorder
- Eating disorders
- Post-sepsis syndrome

Corcept's Model for Growth



THANK YOU