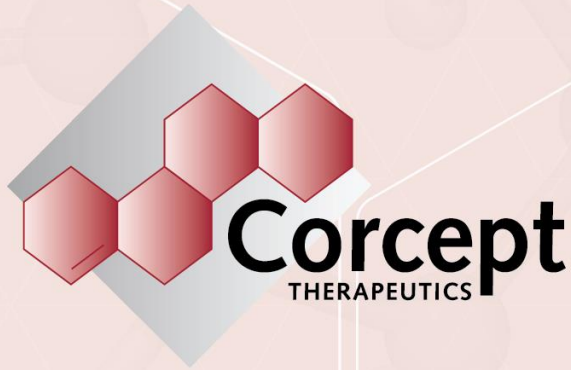


August 2022

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, miricorilant, dazucorilant, exicorilant 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.

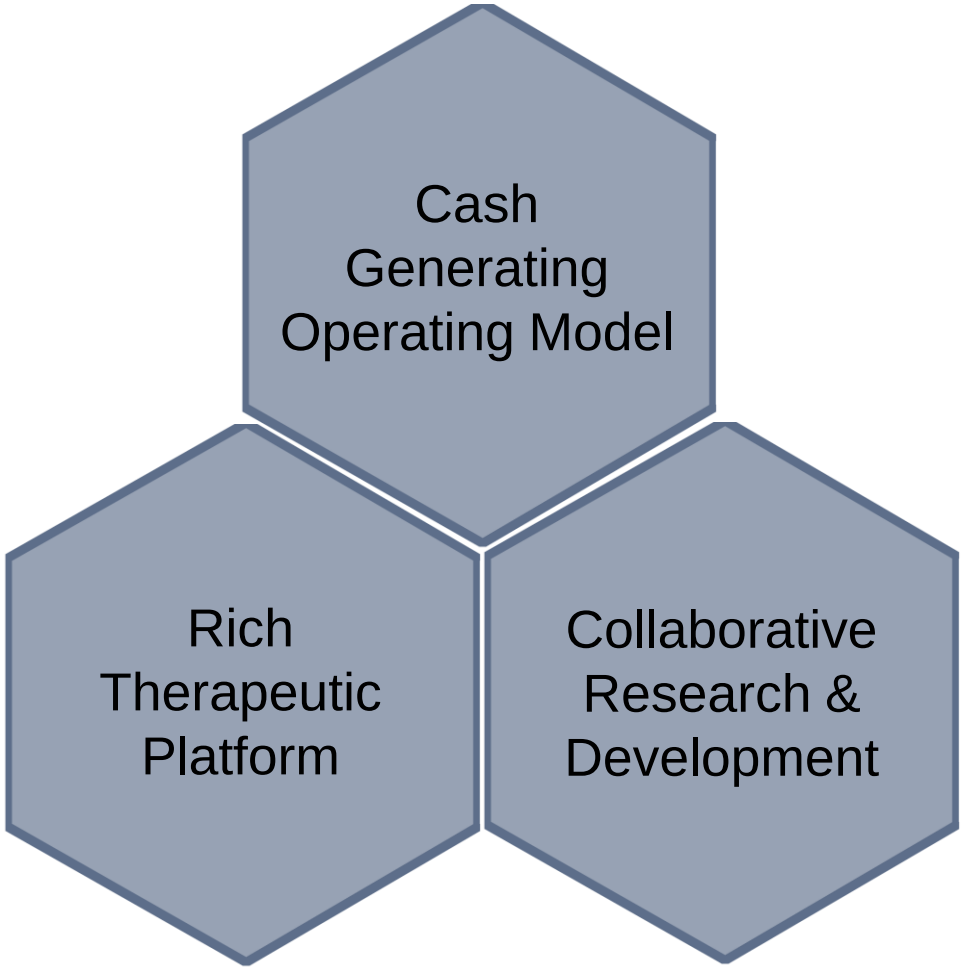
Corcept

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

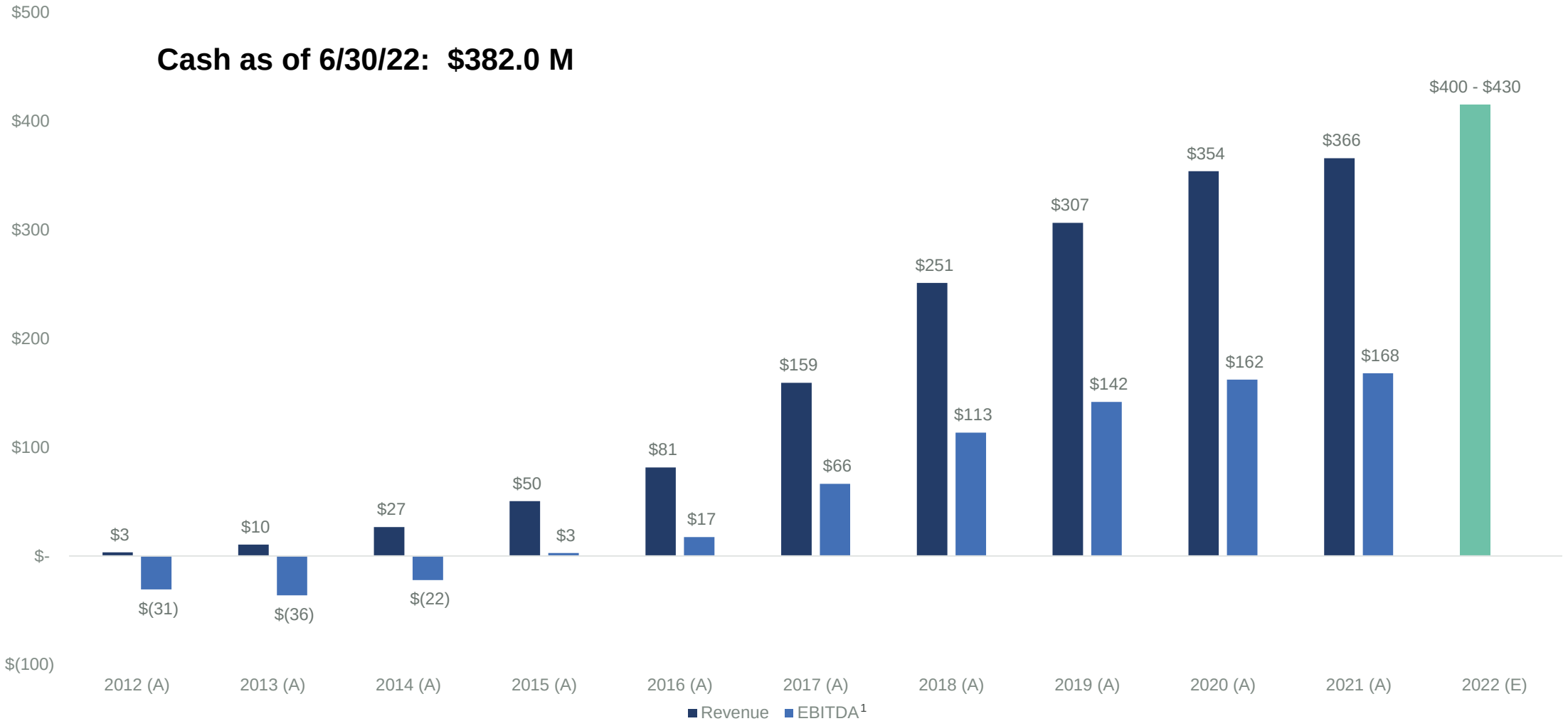
Cortisol – The Stress Hormone

- 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 of selective cortisol modulators compete with cortisol at the glucocorticoid receptor (GR)
  - Selective cortisol modulators don’t bind to the progesterone receptor (PR) and have other important differentiating attributes

Corcept's Model for Growth



Cash Generating Operating Model



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

Rich Therapeutic Platform

Program	Compound	Stage of Development / Status
Cushing's Syndrome		
GRACE	Relacorilant	Phase 3 / NDA Submission 2H'23
GRADIENT	Relacorilant	Phase 3 / Enrolling
Oncology		
ROSELLA (ovarian cancer)	Relacorilant + Abraxane	Phase 3 / Initiated
Prostate cancer	Relacorilant + Xtandi	Phase 2 / To begin at the University of Chicago
Adrenal cancer	Relacorilant + Keytruda	Phase 1b / Enrolling
Metabolic		
GRATITUDE (recent AIWG)	Miricorilant	Phase 2 / Completed enrollment; Data Q4'22
GRATITUDE II (long-standing AIWG)	Miricorilant	Phase 2 / Completed enrollment; Data Q4'22
Non-alcoholic steatohepatitis / NASH	Miricorilant	Phase 1b / Enrolling; Data Q4'22
CNS		
DAZALS (Amyotrophic lateral sclerosis / ALS)	Dazucorilant	Phase 2 / Initiate Q3'22

Cushing's Syndrome

Serious orphan disease with high unmet needs

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

- 20,000 diagnosed patients in the United States
- 3,000 new patients are diagnosed each year
- 50 percent of patients are cured by surgery

Growing awareness that hypercortisolism is an underdiagnosed but treatable illness

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 patients 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

Protecting and Extending Cushing's Syndrome Franchise

KORLYM

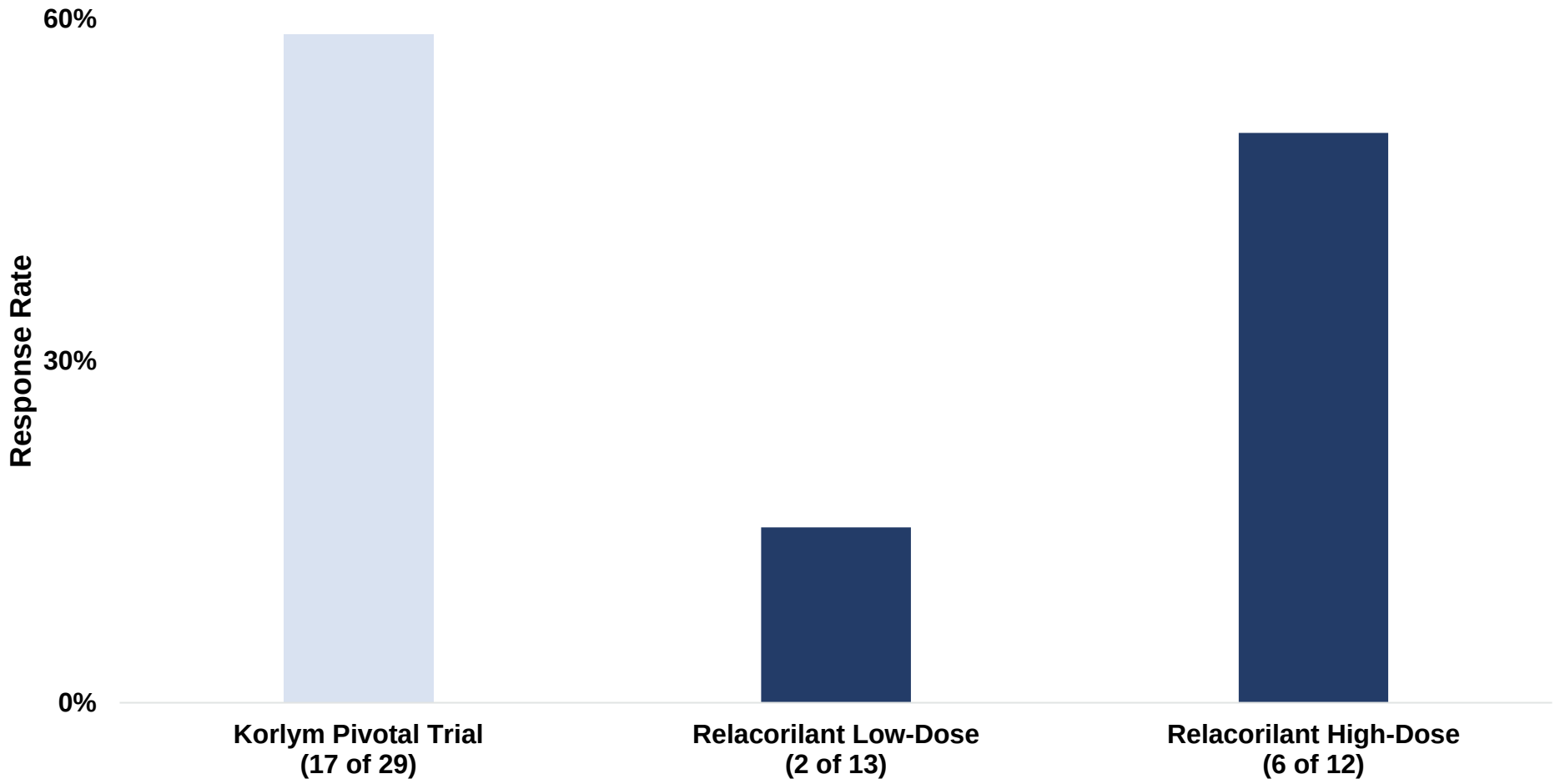
- Orange Book patent coverage through 2038
- ANDAs submitted by Teva, Sun and Hikma
- Corcept's high-touch business model
  - Experienced, skilled, dedicated field force
  - Extensive expert support for patients and physicians

Protecting and Extending Cushing's Syndrome Franchise

Relacorilant

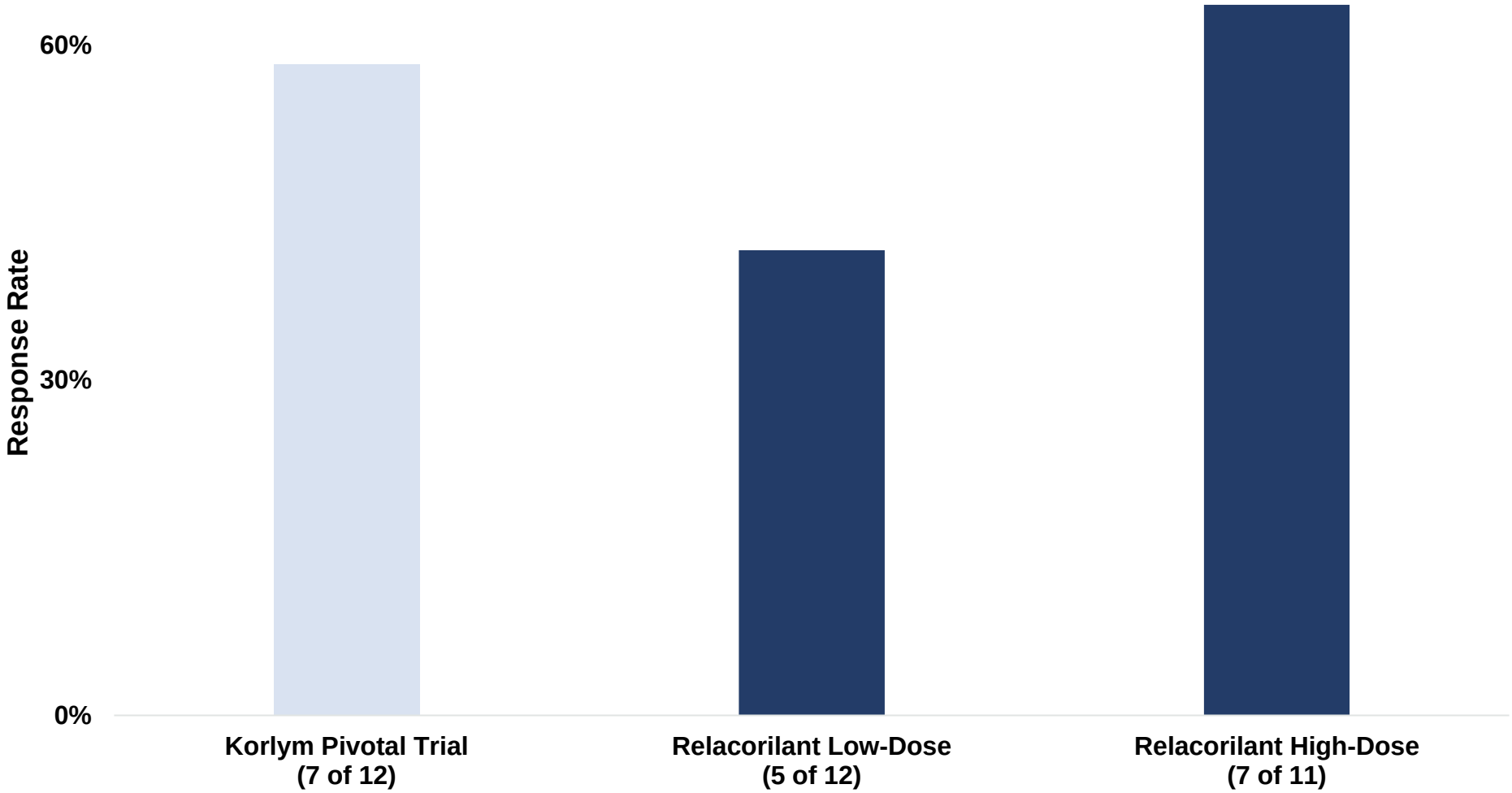
- A selective cortisol modulator – no PR affinity
- Phase 1 data: potent GR modulation
- Phase 2 trial: positive efficacy and safety
- Phase 3 trial ("GRACE") underway
- Phase 3 trial in patients with Cushing's Syndrome caused by adrenal adenomas ("GRADIENT") underway

Phase 2 Relacorilant in Cushing's Syndrome: Primary Endpoint – Improvement in Glucose Control



Fleseriu et al. J Clin Endocrinol Metab. 2012
Pivonello et al. Frontiers in Endo. 2021

Phase 2 Relacorilant in Cushing's Syndrome: Primary Endpoint – Improvement in Hypertension



Fleseriu et al. J Clin Endocrinol Metab. 2012
Pivonello et al. Frontiers in Endo. 2021

Phase 2 Relacorilant in Cushing's Syndrome: Significant Improvements in Secondary Endpoints

Parameter	Results	*P*-Value
$AUC_{glucose}$ (h-mmol/L)	Decreased	<0.01
Fructosamine (µmol/L)	Decreased	<0.01
ALT (U/L)	Decreased	<0.0001
AST (U/L)	Decreased	<0.01
Serum osteocalcin (µg/L)	Increased	<0.01
aPTT (sec)	Increased	<0.05
Factor VIII (%)	Decreased	<0.03
Platelet count (10^9/L)	Decreased	<0.001
BDI-II Total score	Decreased	<0.01
Cushing QoL score	Increased	<0.01
Trail-Making Test Part A— Total time to completed test (sec)	Decreased	<0.01
Trail-Making Test Part B— Total time to complete test (sec)	Decreased	<0.001

Pivonello et al. Frontiers in Endo. 2021

Relacorilant Well-Tolerated

- No progesterone-related side effects

- No treatment emergent hypokalemia

Relacorilant: Phase 3 Cushing's Syndrome Trials Underway

GRACE

- 130 patients
- United States and European sites
- Primary endpoints – improved glucose control and hypertension
- Randomized withdrawal design
  - 22-week open label phase
  - Responders are randomized to continued treatment with relacorilant or placebo for 12 weeks

GRADIENT

- 130 patients with Cushing's Syndrome caused by adrenal adenomas
- Multi-center, double-blind, placebo controlled, 22-week study

Corcept: What's Next?

Cortisol Modulation

is a Rich Therapeutic Platform

Cortisol Modulation's Therapeutic Potential

CUSHINGS SYNDROME[1]

OVARIAN CANCER[2]

PROSTATE CANCER[3]

TRIPLE-NEGATIVE BREAST CANCER[4]

NON SMALL CELL LUNG CANCER[5]

ANTIPSYCHOTIC INDUCED WEIGHT GAIN[6]

NON-ALCOHOLIC FATTY LIVER DISEASE[7]

OBESITY[8]

DIABETES[9]

POST TRAUMATIC STRESS DISORDER[10]

ALCOHOL DEPENDENCE[11]

ALZHEIMER'S DISEASE[12]

AMYOTROPHIC LATERAL SCLEROSIS[13]

HYPERTENSION[14]

OSTEOPOROSIS[15]

CENTRAL SEROUS RETINOPATHY[16]

1) Arnaldi (2003); Whitworth (2005); Leal-Cerro (2009); Fallo (2009)
2) Gamarra-Luques (2012
3) Ligr (2012); Kapoor (2012)
4) Nanda (2011); Skor (2013);
5) Check (2010)
6) Beebe (2006); Gross (2009); Gross (2010); Belanoff (2011); Asagami (2011)
7) Ahmed (20212; Targher (2006)
8) Vicennati (2009)
9) Chiodini (2007)
10) Pitman (2010)
11) Higley (2011)
12) Huang (2009)
13) Meyer (2020
14) Frey (2004); Hammer (2006); Charmarthi (2007); Inada (2008)
15) Chiodini (2007); Kaltsas (2002)
16) Nielsen (2007)

Corcept Oncology Program: Mechanisms of Action

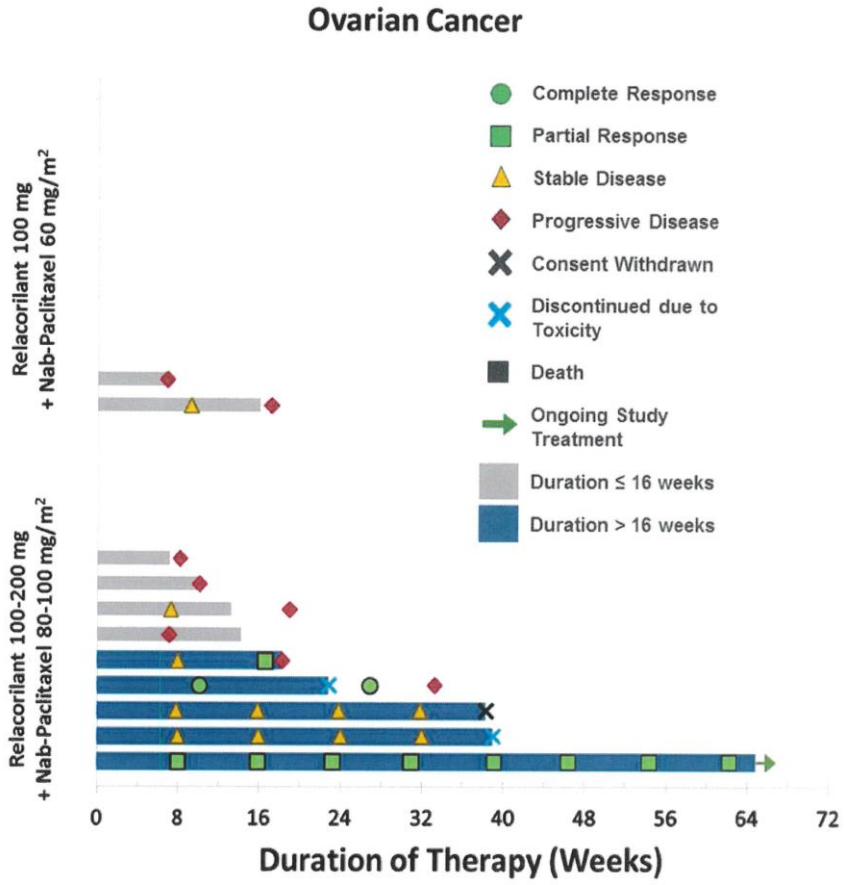
Combining a cortisol modulator with an anti-cancer agent
makes it more difficult for tumor cells to survive

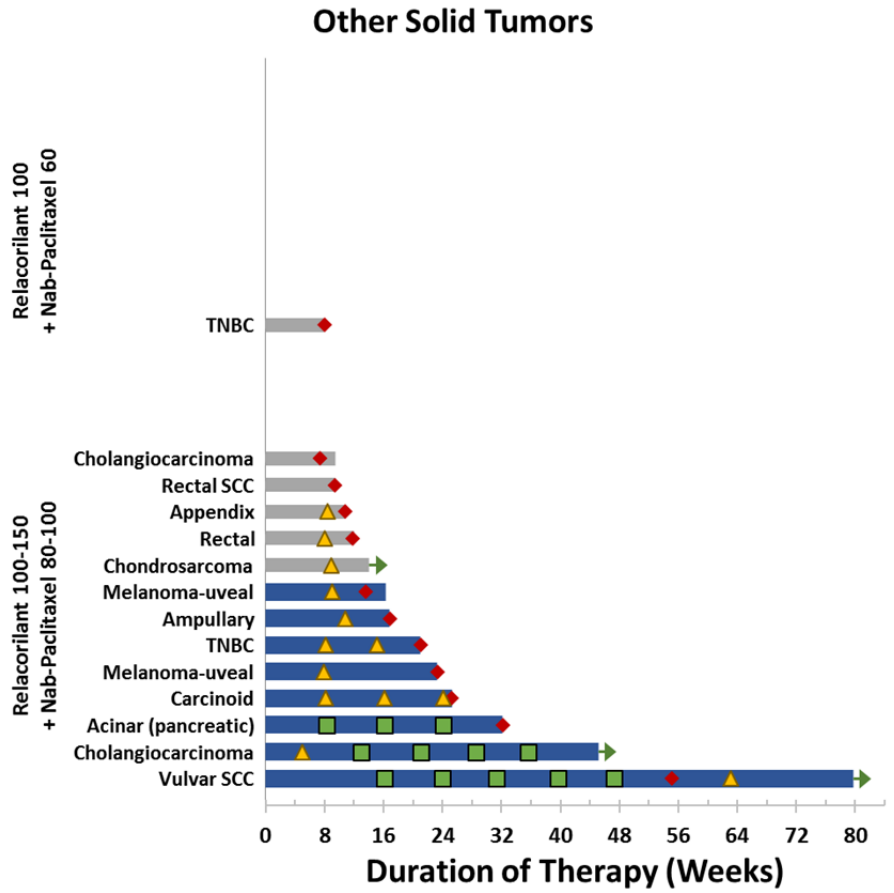
- Apoptosis: Cortisol is anti-apoptotic
- Growth Pathway: Cortisol provides a growth pathway for tumors following anti-androgen therapy
- Immunosuppression: Cortisol suppresses the immune system

Corcept Oncology Program: Summary

Compound	Study Population	Combination	Mechanism of Action
Relacorilant			
Phase 3	Advanced 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

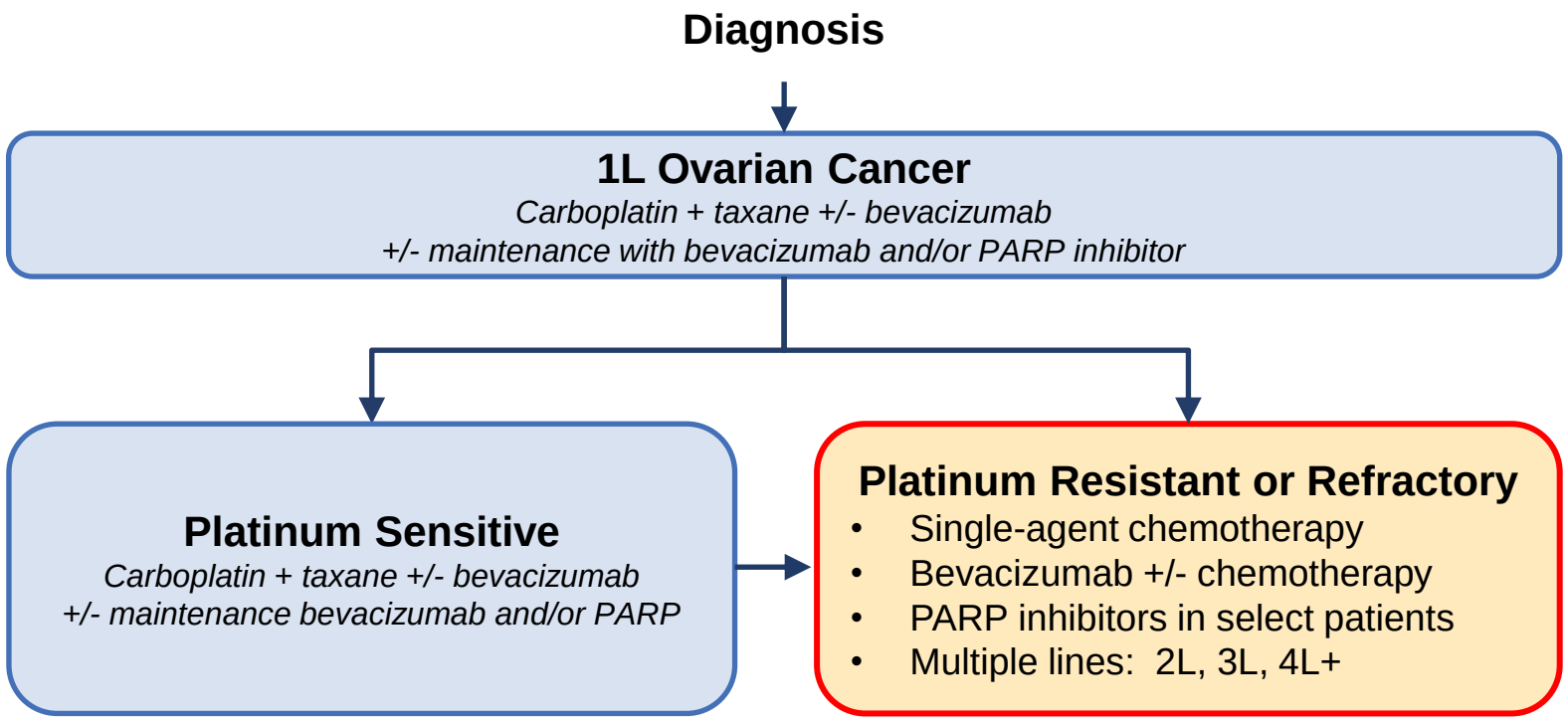




Munster et al. ASCO. 2019.

Significant Unmet Need in Platinum-Resistant Ovarian Cancer

21K newly diagnosed cases of ovarian cancer annually in the U.S.[1]



- **~20K U.S. Patients Per Year With Platinum-Resistant Ovarian Cancer (PROC)[2]**

Phase II Trial Population

1) Surveillance, Epidemiology and End Results (SEER). https://seer.cancer.gov/statfacts/html/ovary.html
2) Clarivate | Decision Resources Group Ovarian Cancer Market Forecast Dashboard - December 2021 (www.clarivate.com)

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

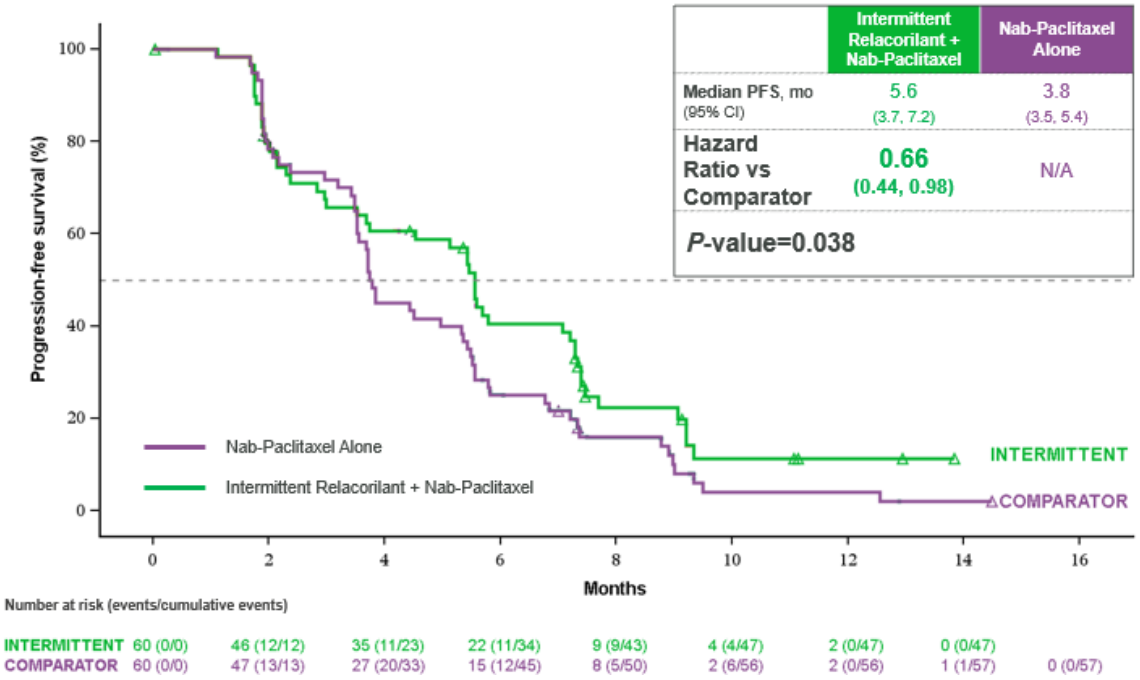
- Controlled, randomized, Phase 2 trial of 178 patients with platinum-resistant ovarian cancer

	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%)

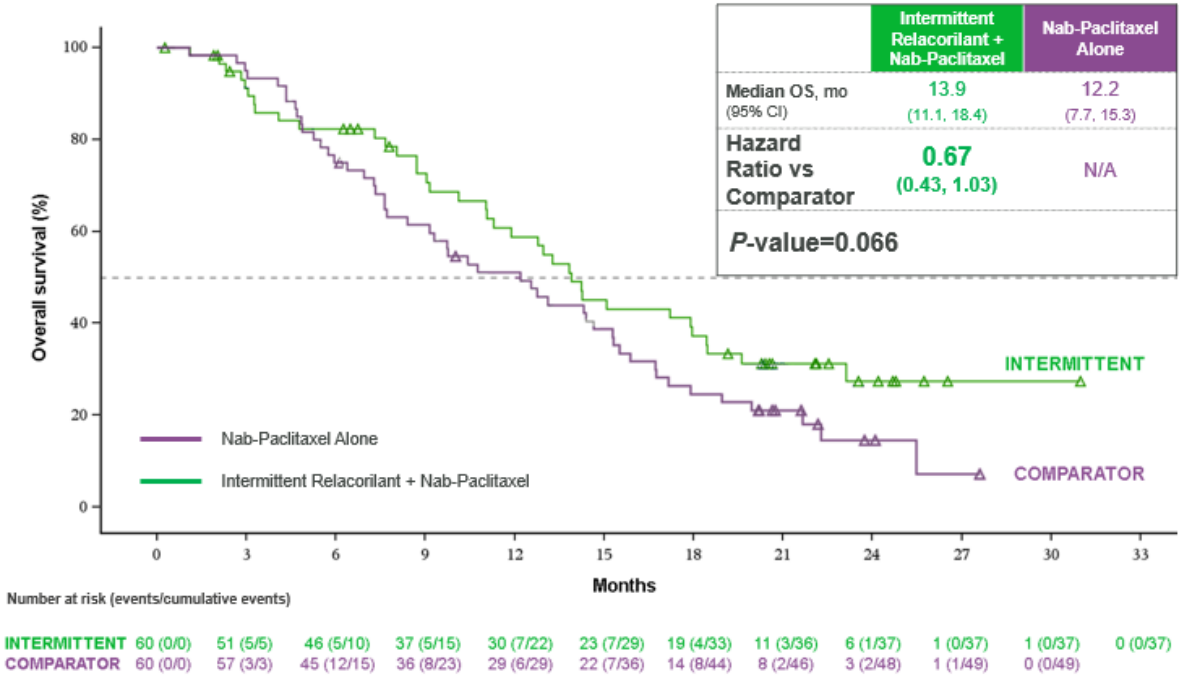
* Platinum-refractory: Patients previously treated with platinum agents who experience disease progression within 1 month from last platinum treatment.
** Primary platinum-refractory: Patients previously untreated with platinum agents who experience disease progression within 1 month of first line platinum-based 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%)

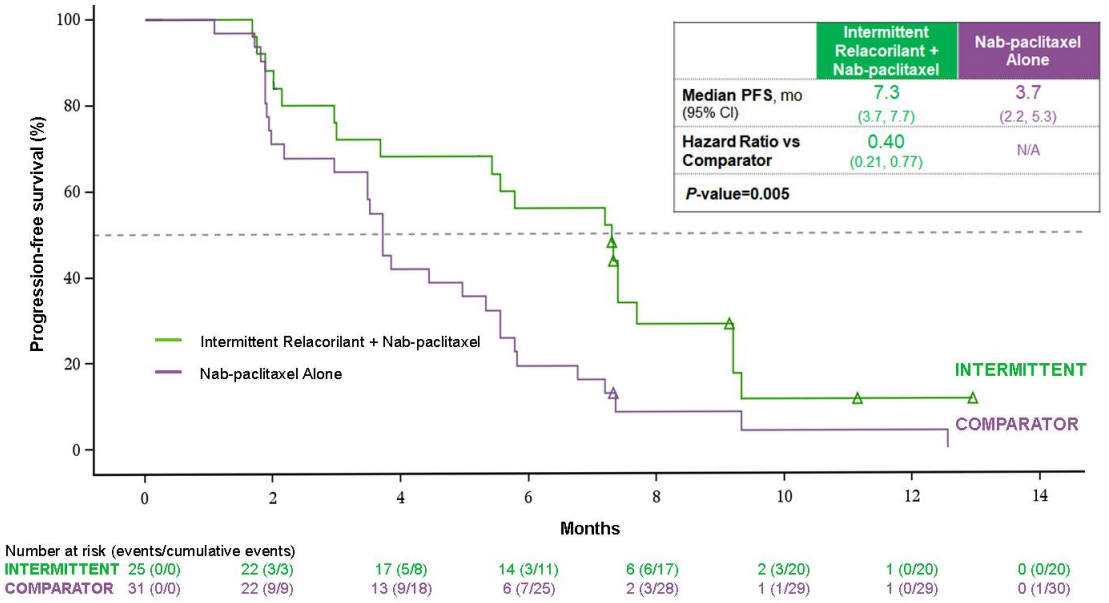
[a] Neutropenia, neutrophil count decreased; [b] Secondary to E.coli urinary sepsis in this patient; [c] Anemia, hemoglobin decreased; [d] Neuropathy peripheral, neurotoxicity, peripheral motor neuropathy, peripheral sensorimotor neuropathy, peripheral sensory neuropathy
CONTINUOUS, once-daily relacorilant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

- 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

Intermittent Relacorilant + Nab-Paclitaxel Improved PFS, DoR and OS – ROSELLA Patient Population

- Includes patients that received prior bevacizumab therapy
- Excludes patients with primary platinum-refractory disease and ≥ 4 prior lines of therapy

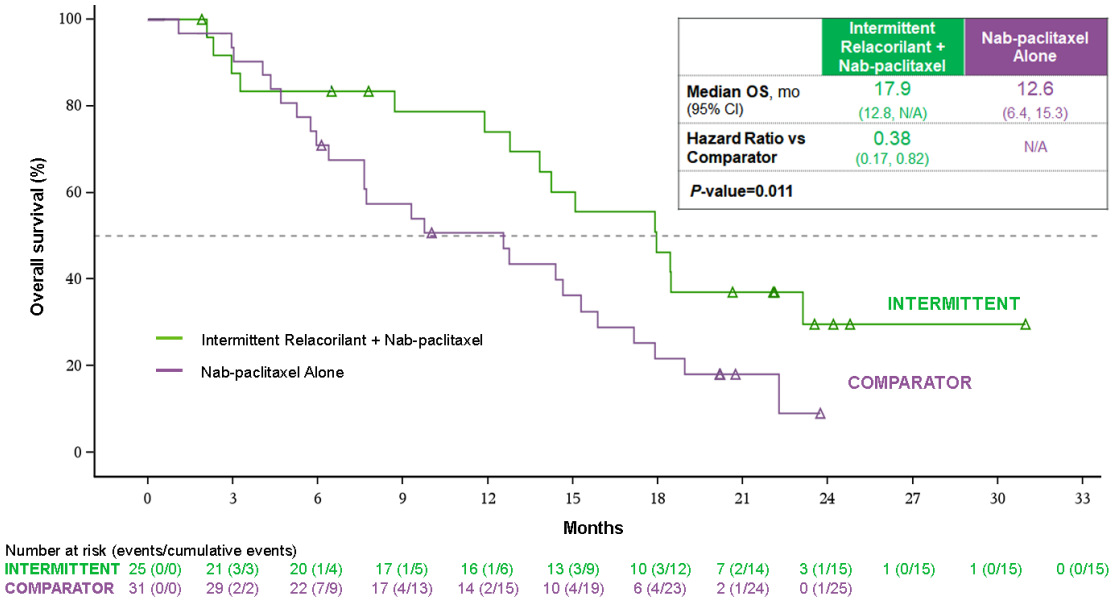
Progression-Free Survival



Number at risk (events/cumulative events)

INTERMITTENT	25 (0/0)	22 (3/3)	17 (5/8)	14 (3/11)	6 (6/17)	2 (3/20)	1 (0/20)	0 (0/20)
COMPARATOR	31 (0/0)	22 (9/9)	13 (9/18)	6 (7/25)	2 (3/28)	1 (1/29)	1 (0/29)	0 (1/30)

Overall Survival



Number at risk (events/cumulative events)

INTERMITTENT	25 (0/0)	21 (3/3)	20 (1/4)	17 (1/5)	16 (1/6)	13 (3/9)	10 (3/12)	7 (2/14)	3 (1/15)	1 (0/15)	1 (0/15)	0 (0/15)
COMPARATOR	31 (0/0)	29 (2/2)	22 (7/9)	17 (4/13)	14 (2/15)	10 (4/19)	6 (4/23)	2 (1/24)	0 (1/25)			

Duration of Response: HR = 0.29, 95% CI (0.09 – 0.99), P = 0.016

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

Metabolic Illnesses: Focus on Miricorilant

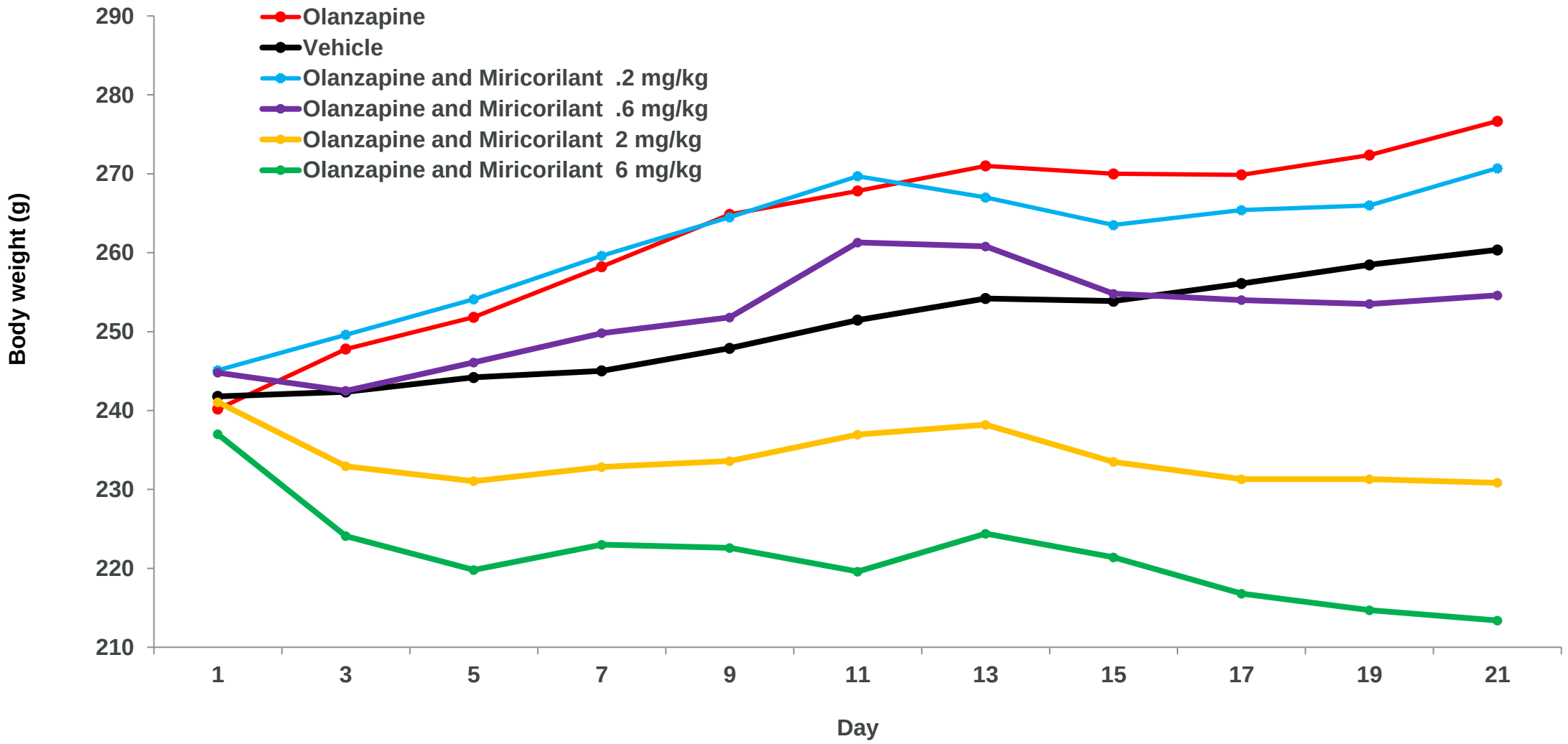
Anti-Psychotic Induced Weight Gain (AIWG)

- In the U.S., ~6 million patients take antipsychotic medications to treat life threatening psychiatric disorders
  - Many of these patients experience rapid and sustained weight gain that can lead to cardiovascular and metabolic disease
- Positive placebo-controlled, Phase 1b trial in attenuation of AIWG
- Placebo-controlled, Phase 2 trials fully enrolled; data readouts expected in Q4’22
  - GRATITUDE: Reversal of recent AIWG
  - GRATITUDE II: Reversal of long-standing AIWG

NASH

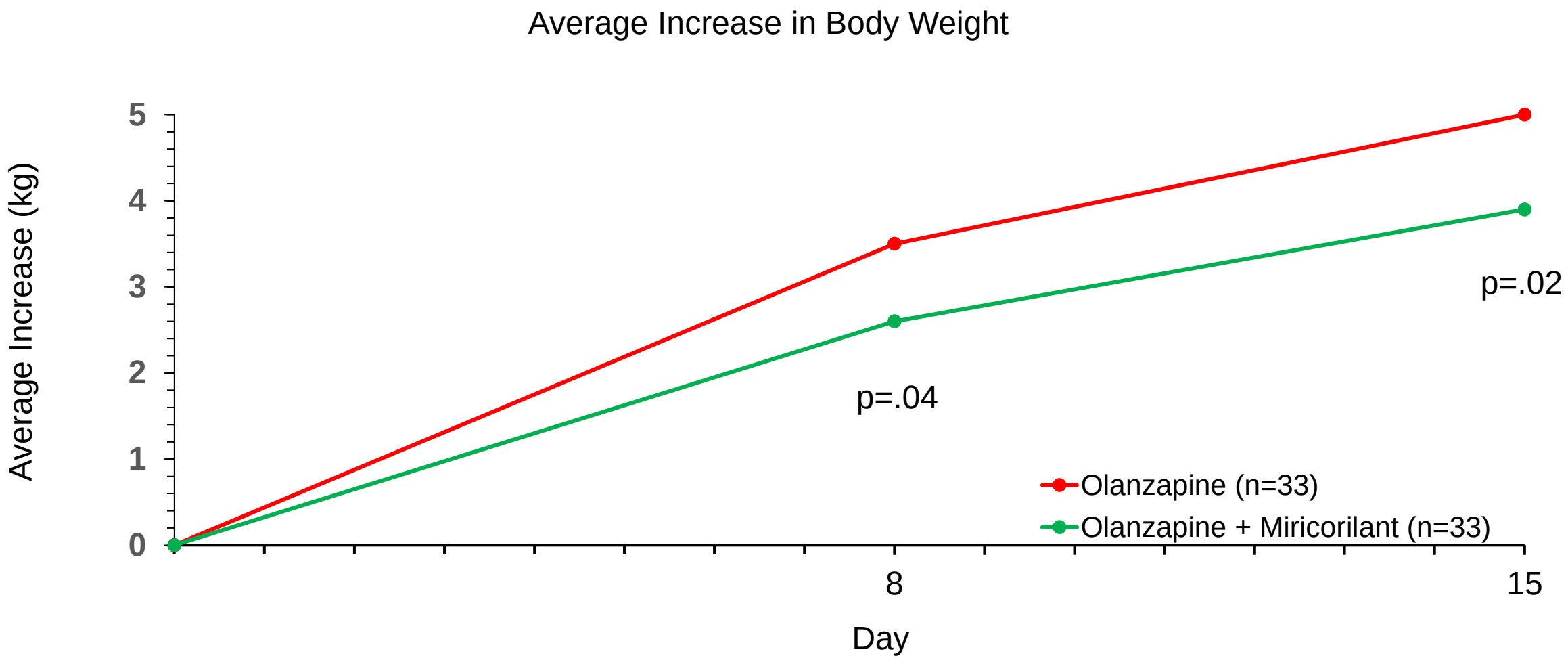
- Findings from Phase 2 trial in NASH
  - Large, rapid reductions in liver fat; transient liver enzyme elevations
- Started Phase 1b dose-finding trial in Q4’21; data readout expected in Q4’22

Miricorilant Preclinical Data:
Prevention of Olanzapine-Induced Weight Gain



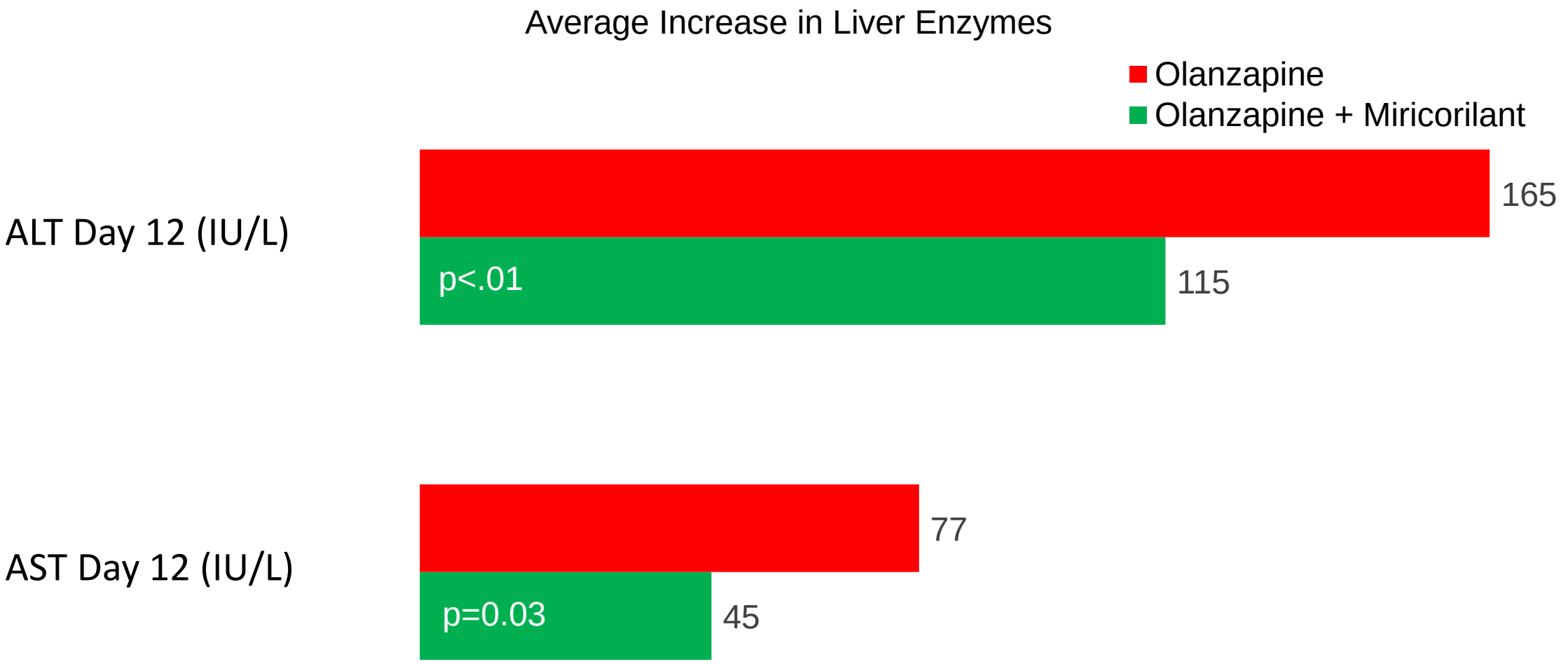
Hunt et al. Bioorg. Med. Chem Lett. 2012

Miricorilant Reduces Olanzapine-Induced Weight Gain in Healthy Volunteers



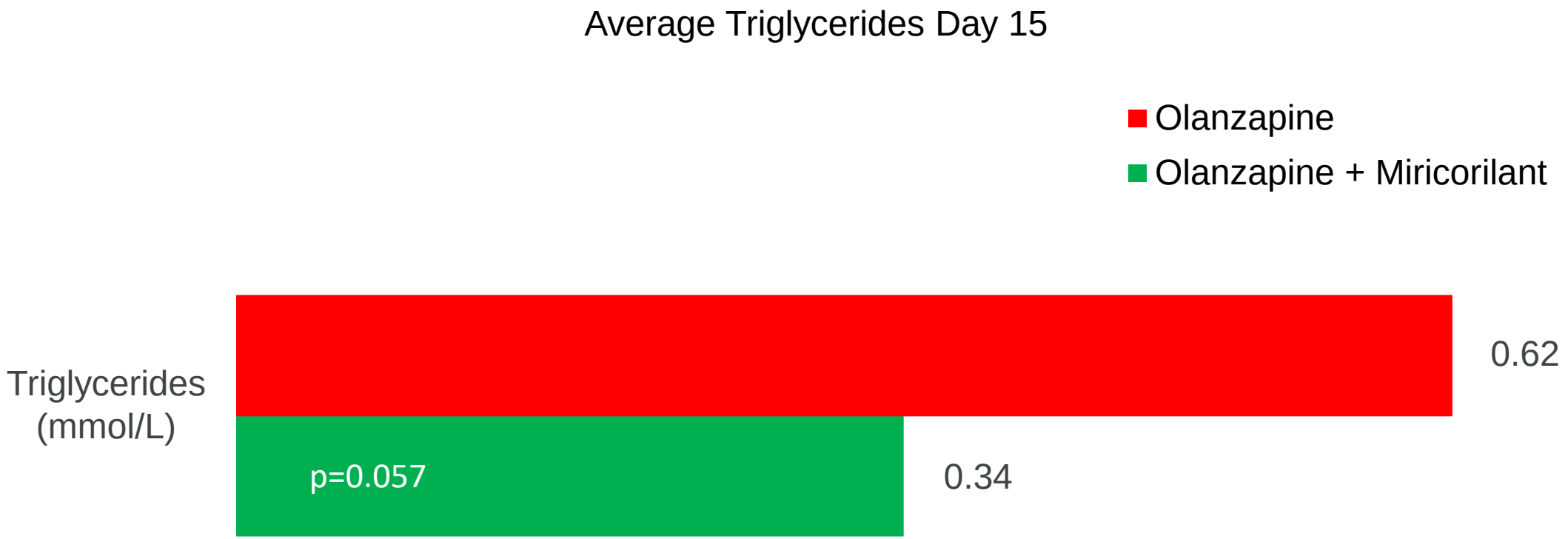
Hunt et al. J Clin Psychopharmacol. 2021

Miricorilant Reduces Olanzapine-Induced Liver Dysfunction in Healthy Volunteers



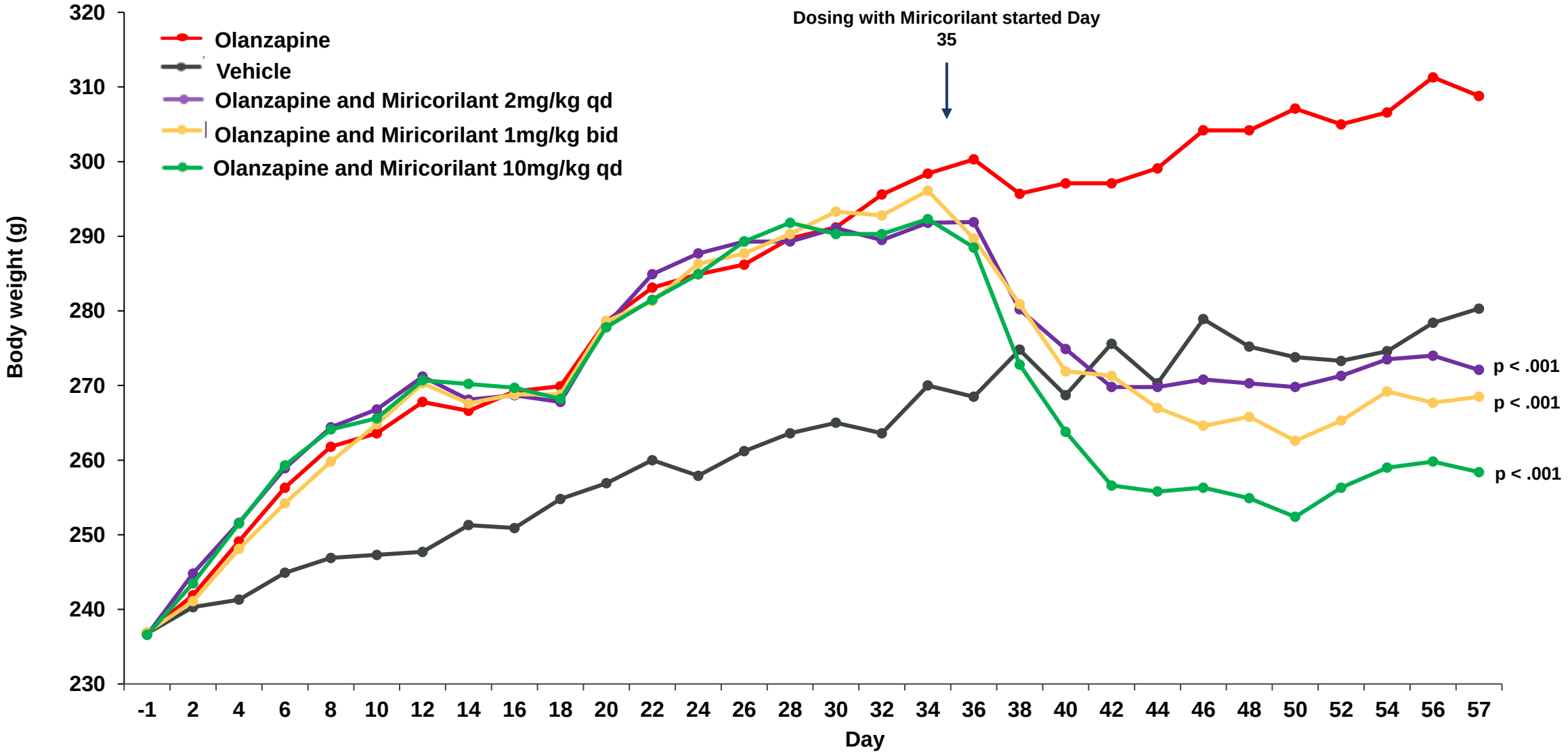
Hunt et al. J Clin Psychopharmacol. 2021

Miricorilant Reduces Olanzapine-Induced Increase in Triglycerides in Healthy Volunteers



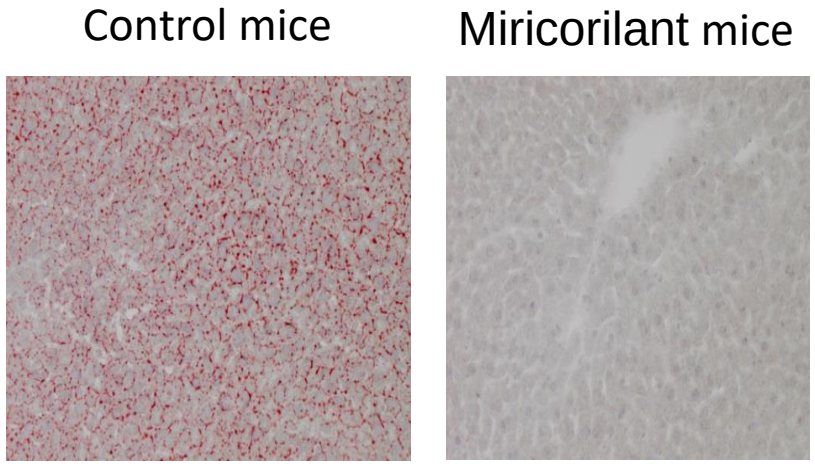
Hunt et al. J Clin Psychopharmacol. 2021

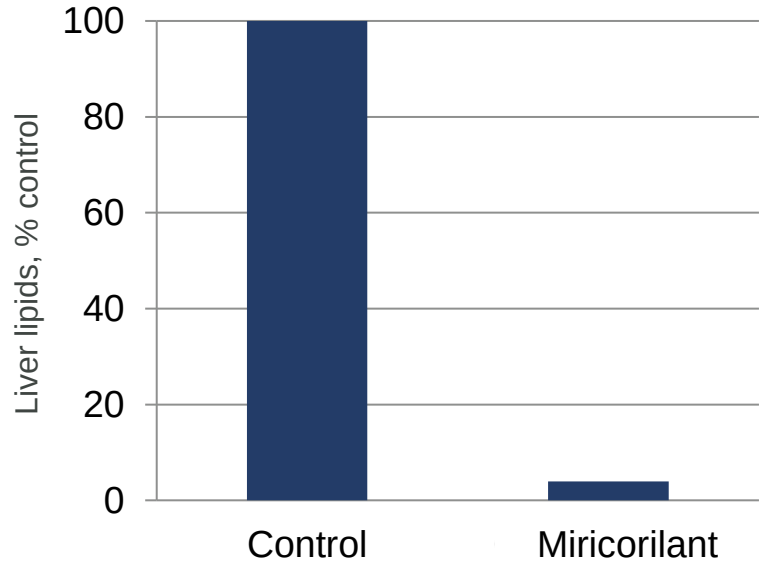
Miricorilant Preclinical Data: Reversal of Olanzapine-Induced Weight Gain



Miricorilant:
Prevents and Treats Fatty Liver Disease in Animal Models

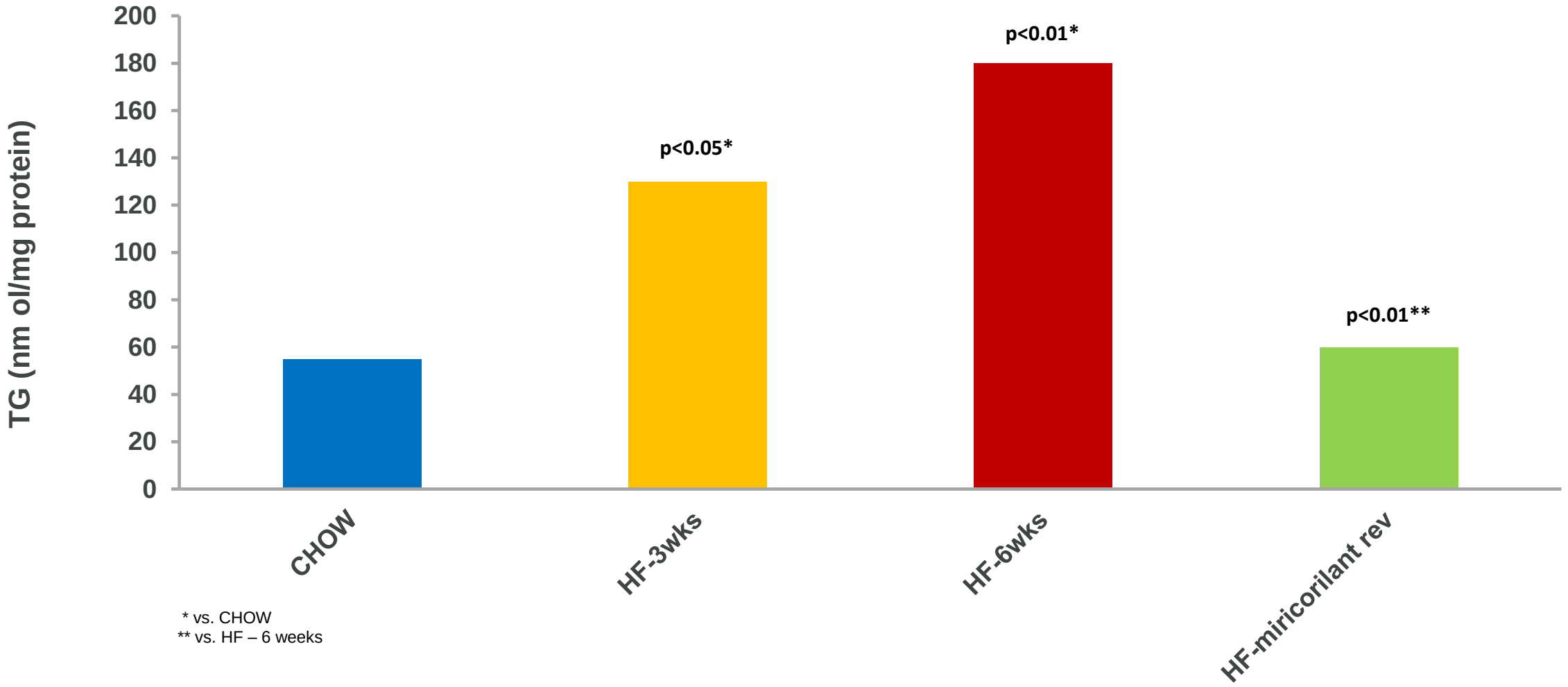
- Mouse model of fatty liver prevention
  - Control mice: high fat diet and no drug for 21 days
  - Treated mice: high fat diet and miricorilant for 21 days





Koorneef et al. Endocrinology. 2018

Miricorilant:
Prevents and Treats Fatty Liver Disease in Animal Models

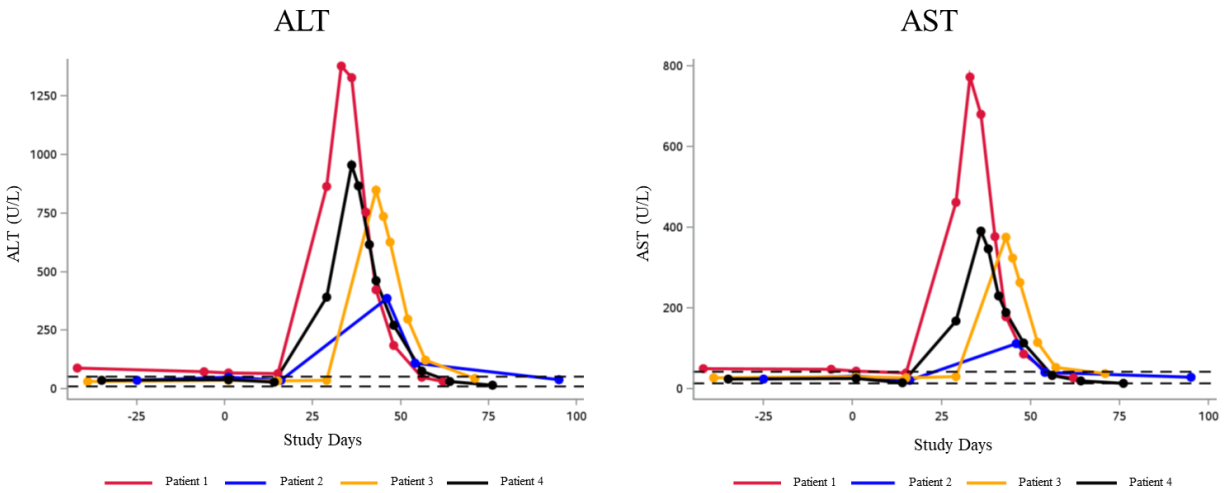


Miricorilant reverses lipid accumulation in the liver

Koorneef et al. Endocrinology. 2018

Miricorilant Interim Findings From Phase 2 Trial in NASH

- Transient liver enzyme elevations



- Large, rapid reductions in liver fat

Patient	Miricorilant (per day)	Days on Drug	% Liver Fat at Baseline	% Liver Fat at Follow up	Days Between Last Dose and Follow-up	Relative Reduction in % Liver Fat
Patient 1	900 mg	30	17.6	6.1	19	-65.3%
Patient 2	900 mg	31	27.8	17.1	64	-38.5%
Patient 3	900 mg	44	28.3	15.0	16	-47.0%
Patient 4	600 mg	34	12.6	3.3	21	-73.8%

Kowdley et al. American Association for the Study of Liver Diseases. 2021

Academic Collaborations Inform and Augment Our Development Efforts

ONCOLOGIC

Mifepristone Clinical Research:

- Triple-Negative Breast Cancer
- Castration-resistant Prostate Cancer in Combination with Enzalutamide

Mifepristone and/or New Chemical Entity Basic Science Research:

- Triple-Negative Breast Cancer
- Ovarian Cancer
- Prostate Cancer (2 studies)
- Non-Small Cell Lung Cancer
- Cachexia
- Ewing sarcoma

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
- Spinal cord injury

CARDIOVASCULAR

Mifepristone and/or New Chemical Entity Basic Science Research:

- Atherosclerosis and GR

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 in mice
- Cushing's Syndrome in mouse model
- Adrenal Tumors in mice
- Metabolic Syndrome
- Muscle wasting
- Inflammation
- Metabolic effects of early life stress
- GR and somatostatins

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:

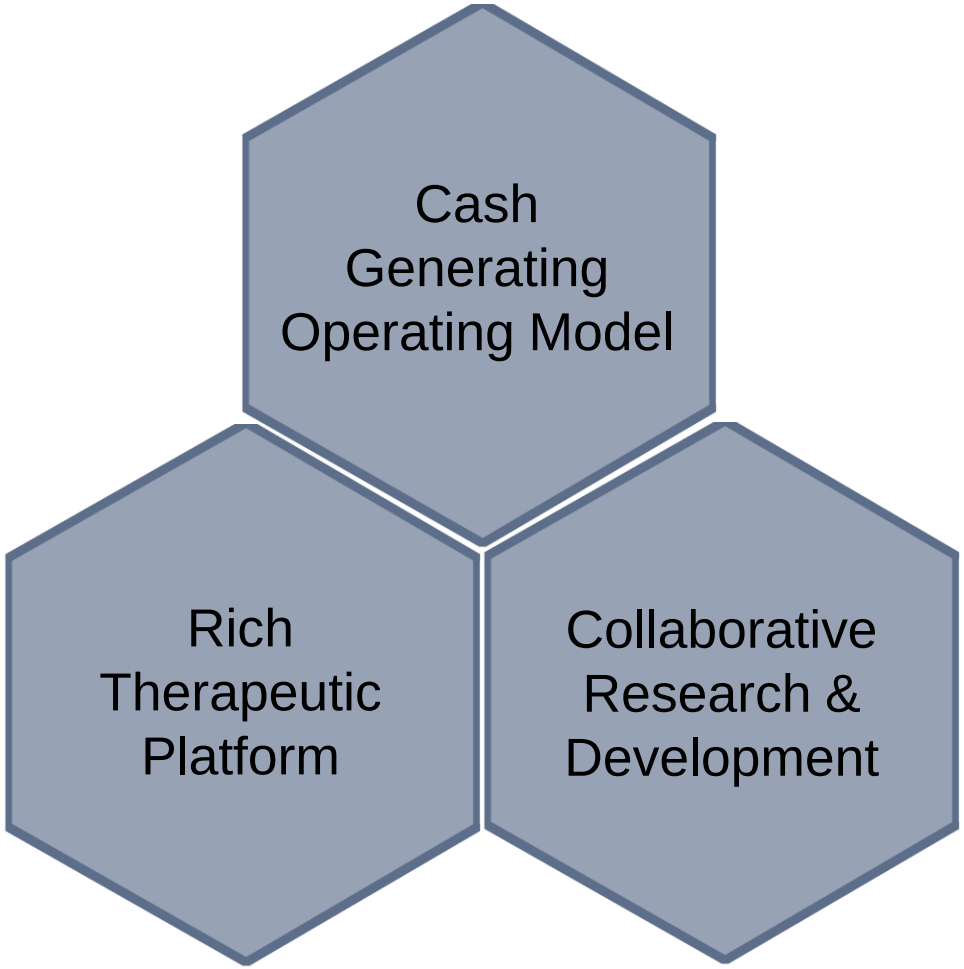
- Cocaine Administration
- Stress
- GR Signaling in the Brain
- Alcohol Use Disorder
- Eating disorders

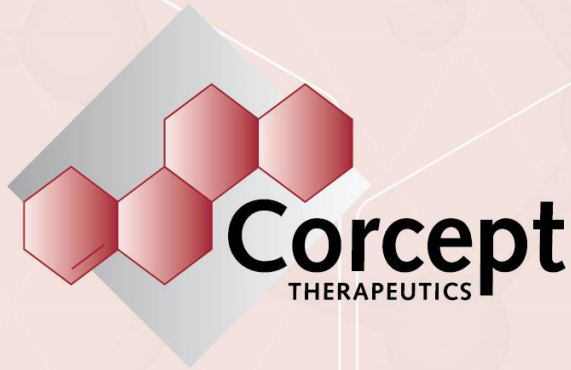
OPHTHALMOLOGIC

Mifepristone Clinical Research:

- Central Serous Chorioretinopathy multicenter randomized clinical study

Corcept's Model for Growth




Corcept
THERAPEUTICS