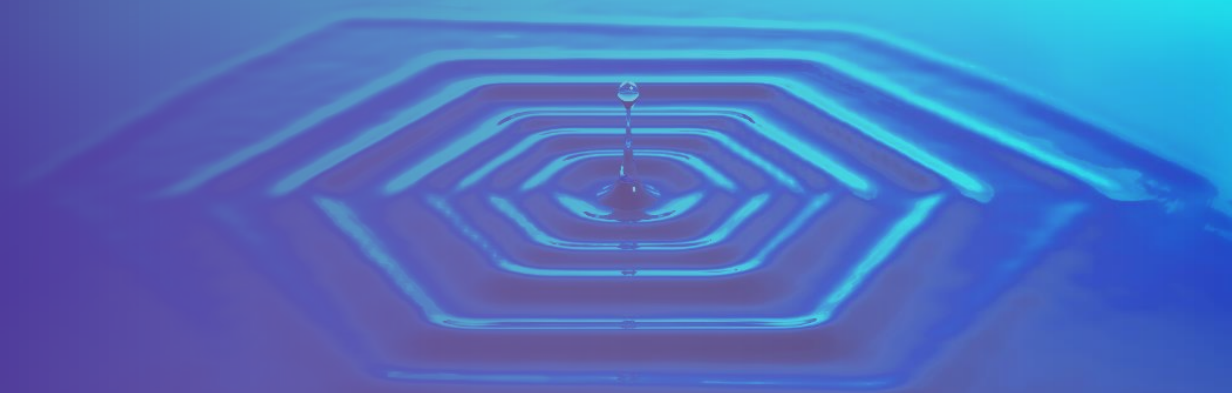
Corcept THERAPEUTICS



October 2024

Safe Harbor

Statements in this presentation, other than statements of historical fact, are forward-looking statements based on our current plans and expectations that are subject to risks and uncertainties that might cause our actual results to differ materially from those such statements express or imply. These risks and uncertainties include, but are not limited to, risks related to the sale and reimbursement of Korlym and our ability to operate our business successfully in a competitive and closely regulated market; risks related to the study and development of Korlym, relacorilant, dazucorilant, miricorilant and our other product candidates, including their clinical attributes and applicable regulatory approvals, mandates, oversight and other government requirements; general litigation risks; and the scope and protective power of our intellectual property. These and other risks are set forth in our SEC filings, which are available at our website and the SEC's website.

In this presentation, forward-looking statements include those concerning: trends in medical practice, including trends regarding the identification and treatment of patients with hypercortisolism; our revenue growth and revenue guidance; the development of relacorilant as a treatment for patients with Cushing's syndrome and solid tumors, dazucorilant as a treatment for patients with ALS, miricorilant as a treatment for patients with MASH; the timing and outcome of relacorilant's NDA in Cushing's syndrome; the timing of and expectations regarding our CATALYST, ROSELLA, DAZALS and MONARCH trials and the possibility of relacorilant, dazucorilant and miricorilant being approved for the treatment of any disorder; and the accrual and attributes of our preclinical and clinical data and the timing and content of our regulatory submissions. We disclaim any intention or duty to update forward-looking statements made in this presentation.

Corcept THERAPEUTICS

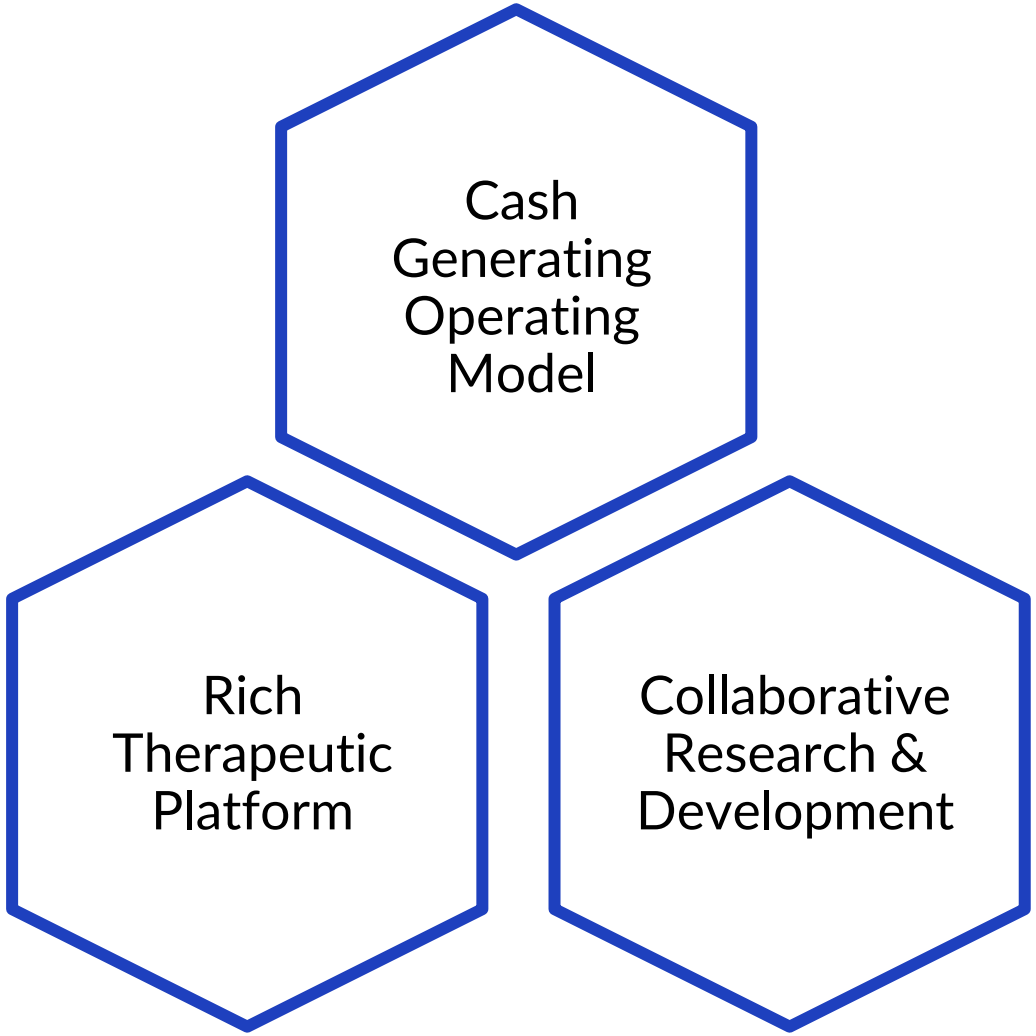
Discovering, developing and commercializing medications that treat severe diseases by modulating the effects of the stress hormone CORTISOL

Cortisol – The Stress Hormone

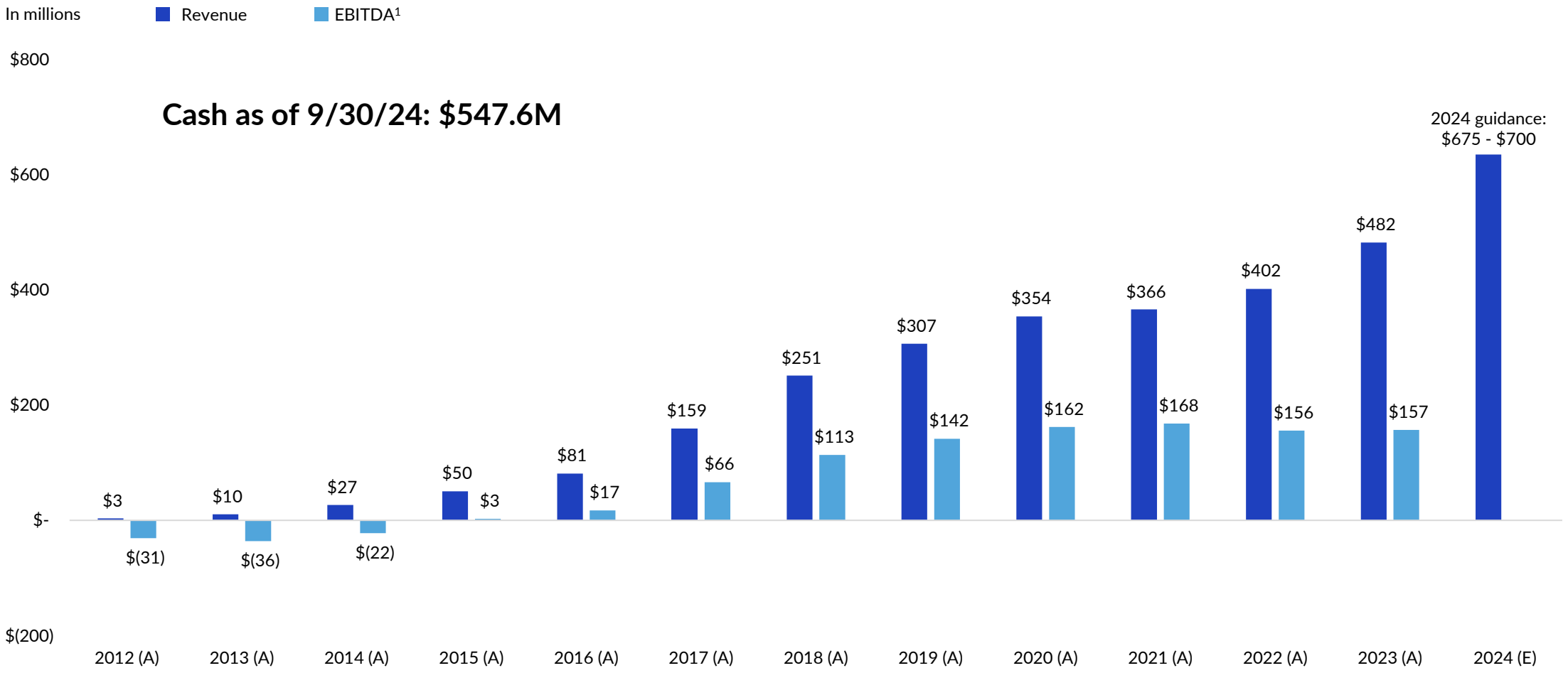
- Essential for life
  - Produced by the adrenal glands
  - Diurnal rhythm
  - Binds to receptors found in nearly every tissue type
- Excess cortisol activity causes and exacerbates serious diseases
- Korlym® and our proprietary next-generation selective cortisol modulators compete with cortisol at the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

Corcept THERAPEUTICS

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 / Primary endpoint met NDA submission expected in Q4 2024
GRADIENT (Cushing's syndrome caused by adrenal adenomas)	Relacorilant	Phase 3 / Results support findings from GRACE
CATALYST (prevalence and treatment of Cushing's syndrome)	Korlym	Phase 4 / Prevalence phase results announced; Treatment phase results expected in Q4 2024
Oncology		
ROSELLA (platinum-resistant ovarian cancer)	Relacorilant + Abraxane	Pivotal Phase 3 / Enrollment completed; Results expected in Q4 2024
Prostate cancer	Relacorilant + Xtandi	Phase 2 / Enrolling; Collaboration with the University of Chicago
Amyotrophic Lateral Sclerosis		
DAZALS (ALS)	Dazucorilant	Phase 2 / Enrollment completed; Results expected in Q4 2024
Metabolic Dysfunction-Associated Steatohepatitis		
MONARCH (MASH)	Miricorilant	Phase 2b / Enrolling

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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

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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 costs[4]
- 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
- In the first 1,055 patients enrolled: 24% hypercortisolism prevalence rate
- Treatment phase results expected in Q4 2024
  - 136 patients enrolled in treatment phase

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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

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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 Q4 2024

Relacorilant:

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

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Relacorilant: Pivotal Phase 3 GRACE Trial Met Primary Endpoint

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
- Open-label phase results
  - Clinically meaningful and statistically significant improvements in hypertension, hyperglycemia and other signs and symptoms of Cushing's syndrome
- Randomized withdrawal phase results
  - Met primary endpoint
  - Patients who received relacorilant maintained their improvements
  - Patients who received placebo saw a significant worsening in their signs and symptoms of Cushing's syndrome

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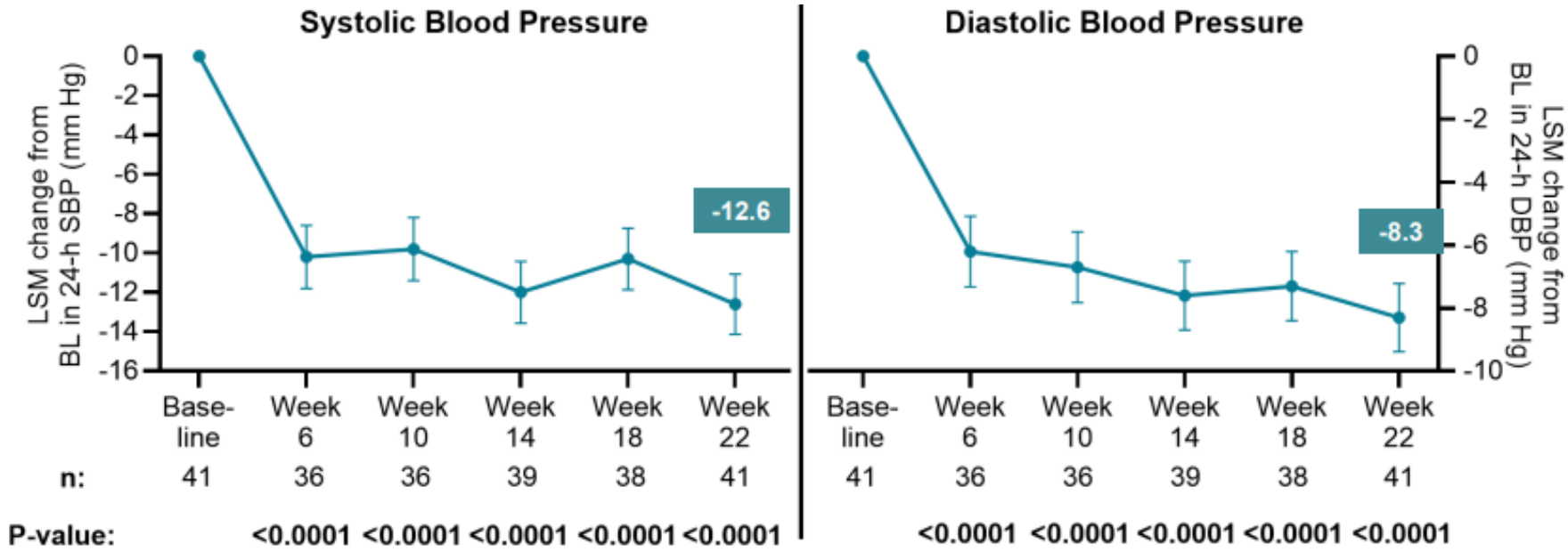
Open-label GRACE Results: Improvement in Hypertension

- 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<0.0001)

Rapid and Sustained Improvements in Blood Pressure by ABPM



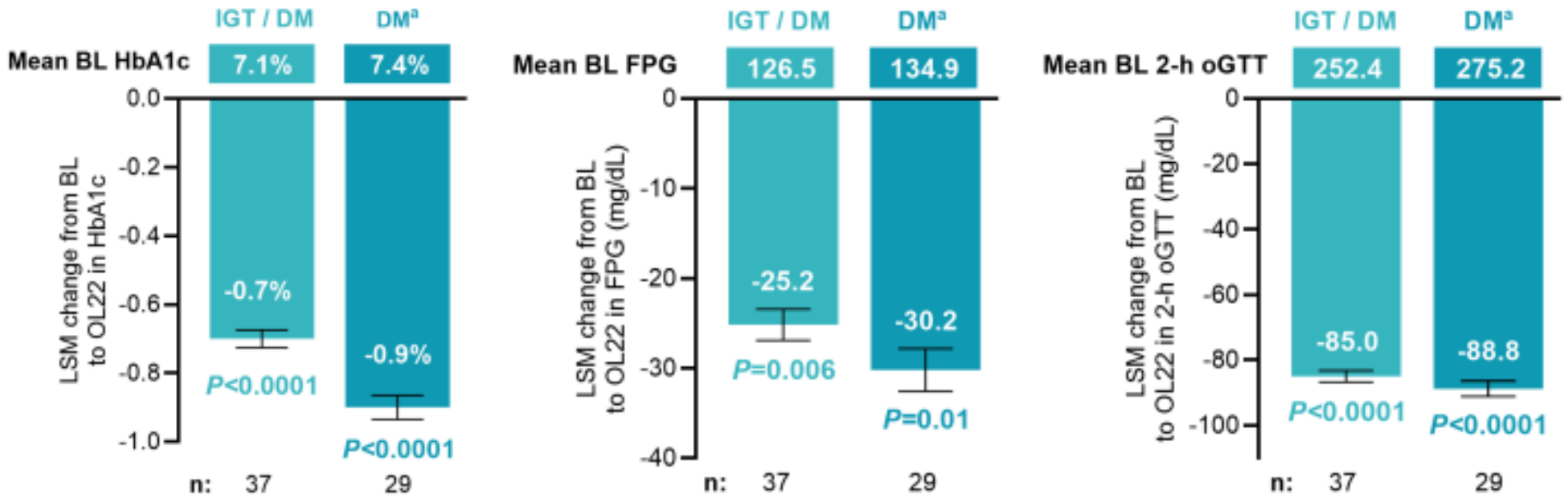
ABPM: ambulatory blood pressure monitoring; BL: baseline; DBP: diastolic blood pressure; LSM: least squares mean; SBP: systolic blood pressure; SE: standard error.
Error bars: SE of the mean. LSM and SE calculated using a linear mixed model for repeated measures (MMRM). Wilcoxon rank sum test p-values for the mean change from baseline shown.

Open-label GRACE Results: Improvement in Glucose Control

- 50% of patients with hyperglycemia met the study's response criteria
  - Includes patients with diabetes and impaired glucose tolerance (or pre-diabetes)

- Patients with hyperglycemia who entered randomized withdrawal phase: mean improvement of 0.7% in HbA1c (p<0.0001), 25.2 mg/dL in fasting glucose (p=0.006) and 85.0 mg/dL in 2-hour oGTT (p<0.0001)

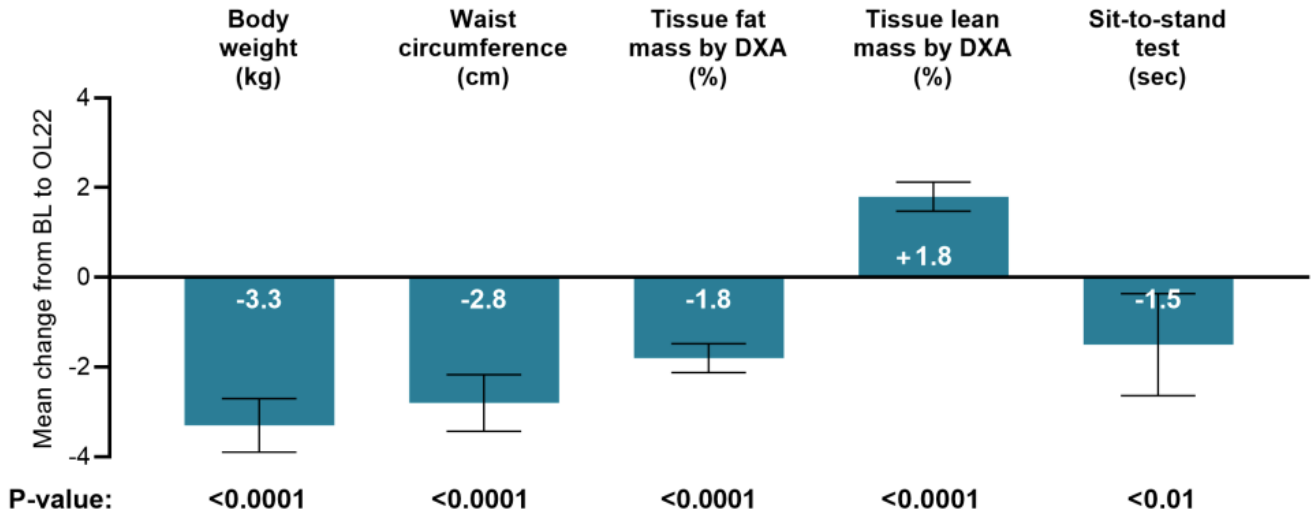
Greater Improvements in Glucose Parameters in Patients with Diabetes



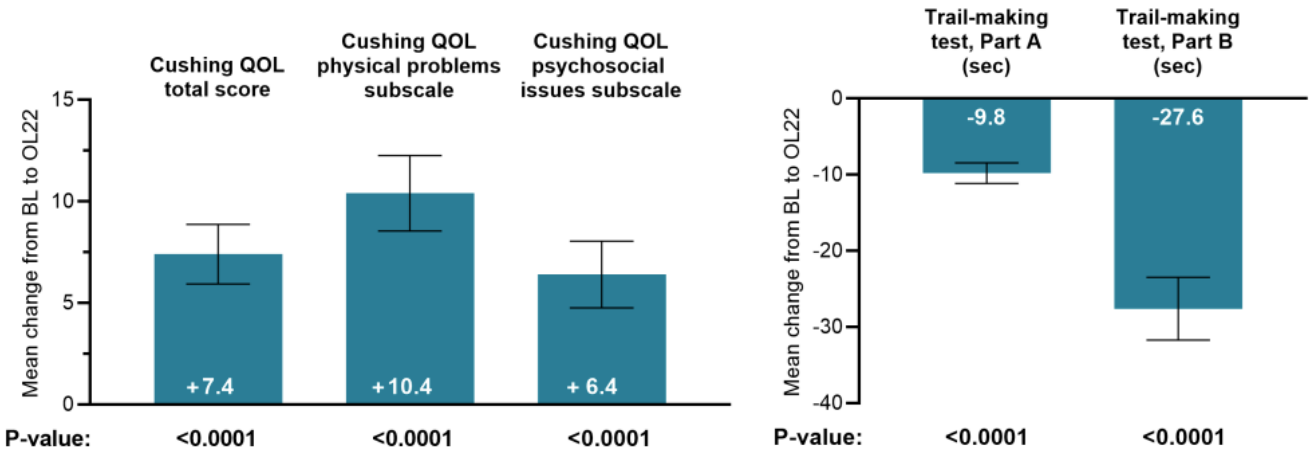
[a]Diabetes defined as fasting plasma glucose ≥126 mg/dL, 2-h oGTT plasma glucose ≥200 mg/dL, or HbA1c ≥6.5%.
BL: baseline; DM: diabetes mellitus; HbA1c: hemoglobin A1c; FPG: fasting plasma glucose; IGT: impaired glucose tolerance; LSM: least squares mean; oGTT: oral glucose tolerance test; SE: standard error. Error bars: SE of the mean. LSM and SE calculated using a linear mixed model for repeated measures (MMRM). Wilcoxon rank sum test P-values for the mean change from baseline shown.

Open-label GRACE Results: Significant Improvements in Body Composition, Quality of Life and Cognitive Assessments

- Significant improvements in body composition with relacorilant



- Significant improvements in quality of life and cognitive assessments with relacorilant



BL: baseline; DXA: Dual Energy X-Ray Absorptiometry; OL: open label; QOL: quality of life. Error bars: Standard deviation. Wilcoxon rank sum test P-values for the mean change from baseline shown.

Randomized Withdrawal GRACE Results: Primary Endpoint Met

- In the randomized withdrawal phase, significantly more patients receiving placebo lost hypertension control compared to those who continued to receive relacorilant
  - Odds ratio = 0.17 for relacorilant vs. placebo (p=0.02)
  - Patients receiving relacorilant were 5.9x more likely to maintain their blood pressure response

- Patients continuing relacorilant treatment maintained the broad range of improvements observed in the open-label phase

- Patients in the placebo group experienced a significant worsening of their symptoms

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Relacorilant: Phase 3 GRADIENT Trial Design

GRADIENT

- Multi-center, randomized, double-blind, placebo-controlled, 22-week study
- 137 patients with Cushing's syndrome caused by adrenal adenomas
- Primary endpoint: improvement compared to placebo in systolic blood pressure
- Secondary endpoints: improvement compared to placebo in hyperglycemia, weight and body composition

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GRADIENT Results Support Findings from Pivotal GRACE Trial

- Relacorilant arm: clinically meaningful and statistically significant improvements in hypertension, hyperglycemia, weight and body composition compared to baseline
  - Placebo arm: neither clinically meaningful nor statistically significant improvements

- Improvements in systolic blood pressure at 22 weeks (patients with hypertension):
  - Relacorilant arm: improvement of 6.6 mm Hg in mean SBP compared to baseline (p=0.012)
  - Placebo arm: improvement of 2.1 mm Hg in mean SBP compared to baseline (p=ns)
  - Relacorilant compared to placebo: not statistically significant

- Improvements in hyperglycemia at 22 weeks (patients with hyperglycemia):
  - Relacorilant compared to placebo: placebo-adjusted improvements in fasting glucose of 22.2 mg/dL (p=0.002), AUCglucose of 2.6 h*mmol/L (p=0.046) and HbA1c of 0.3% (p=0.019)

- Improvements in weight and body composition at 22 weeks:
  - Relacorilant compared to placebo: placebo-adjusted weight loss of 3.9 kg (p=0.0001)
  - Relacorilant compared to placebo: reduction in visceral adipose fat mass (p=0.018) and volume (p=0.016)

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AUC: area under the curve; HbA1c: hemoglobin A1c; NS: not significant; SBP: systolic blood pressure

Relacorilant Safety Results

- In both GRACE and GRADIENT trials, relacorilant was well-tolerated, consistent with its known safety profile

- No progesterone related side effects
(including endometrial hypertrophy and related vaginal bleeding)

- No relacorilant induced:
  - Hypokalemia
  - Adrenal insufficiency
  - QT prolongation

Corcept: What's Next?

Cortisol Modulation is a Rich Therapeutic Platform

Cortisol Modulation's Therapeutic Potential

CUSHING'S 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)

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)

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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	Platinum-resistant ovarian cancer	Abraxane (nab-paclitaxel)	Apoptosis
Relacorilant	Prostate cancer	Xtandi (enzalutamide)	Growth Pathway
Relacorilant	Adrenal cancer with cortisol excess	Keytruda (pembrolizumab)	Immunosuppression

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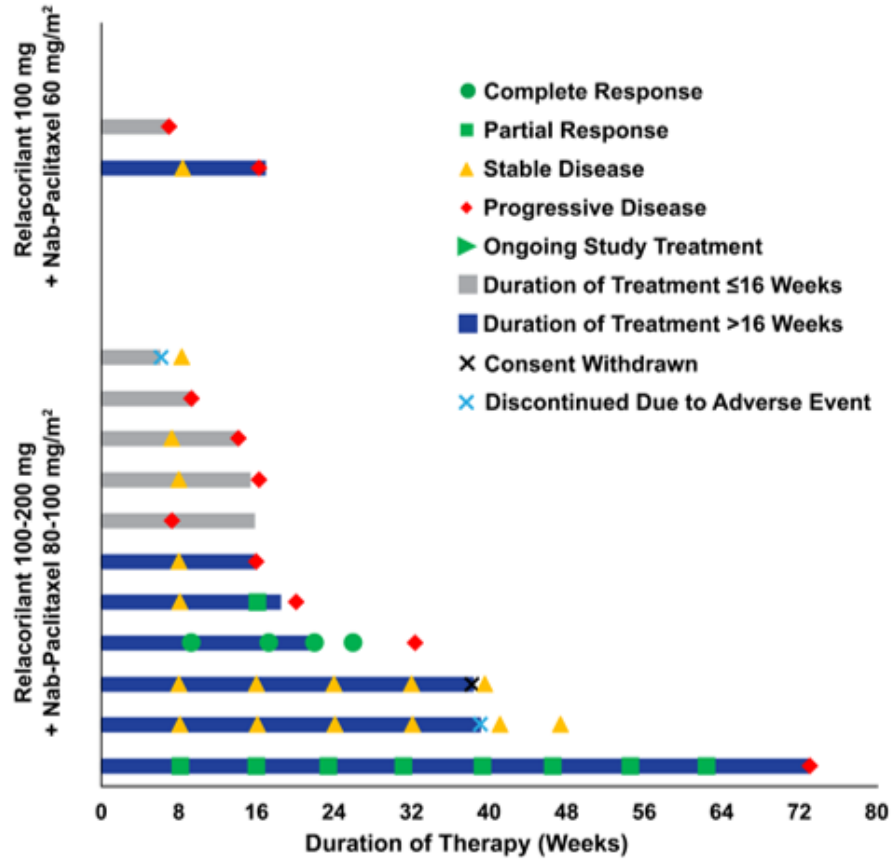
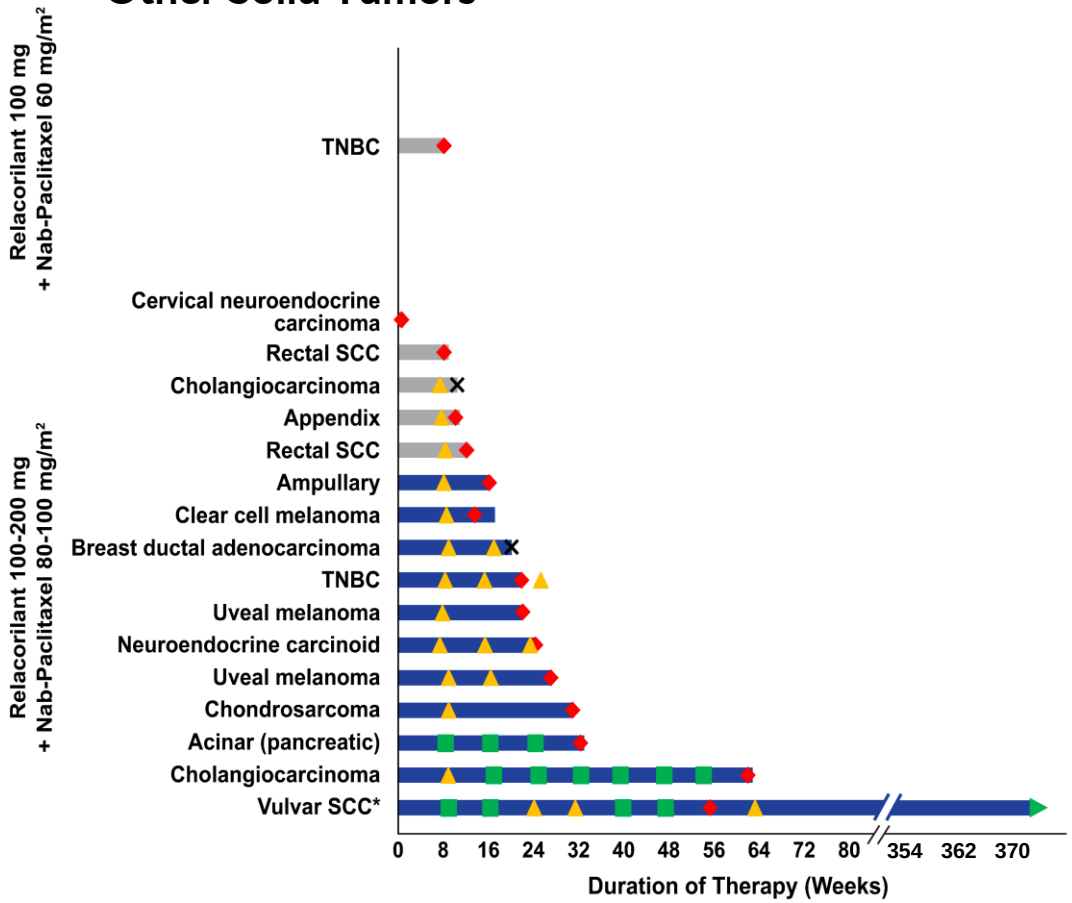
Anti-Tumor Activity Observed in Relacorilant Phase 1 Trial in Ovarian Cancer and Other Solid Tumors

Ovarian Cancer



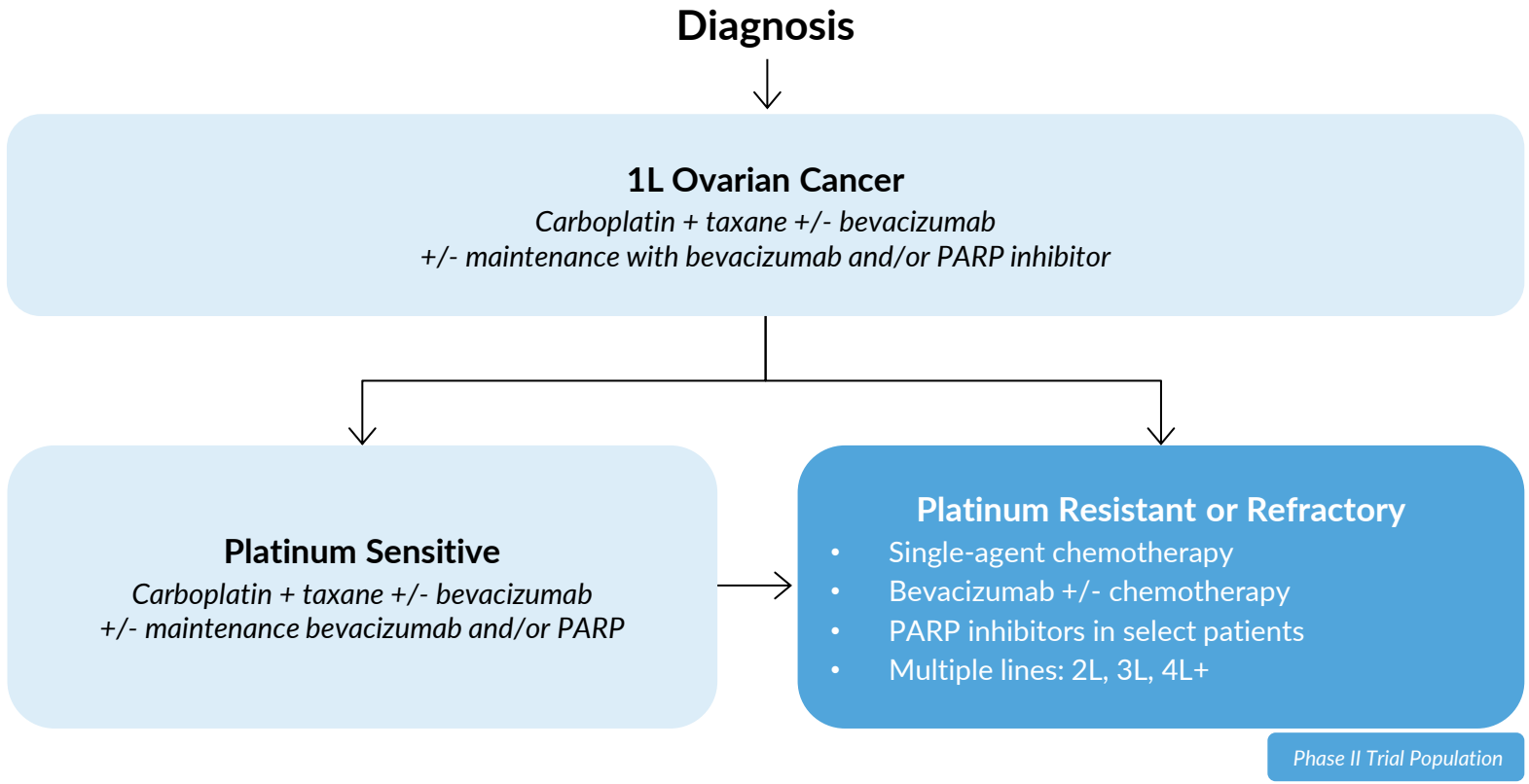
Other Solid Tumors



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 October 2024.

Significant Unmet Need in Platinum-Resistant Ovarian Cancer

~21,000 newly diagnosed cases of ovarian cancer annually in the United States[1]



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

1) Surveillance, Epidemiology and End Results (https://seer.cancer.gov/statfacts/html/ovary.html)

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

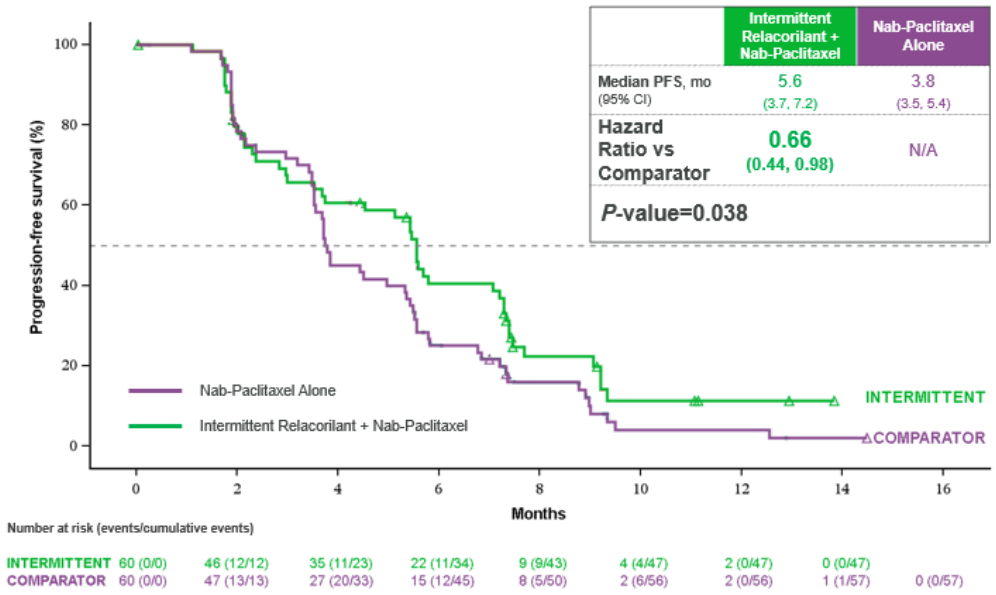
- Controlled, randomized, Phase 2 trial of 178 patients with platinum-resistant ovarian cancer

	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%)

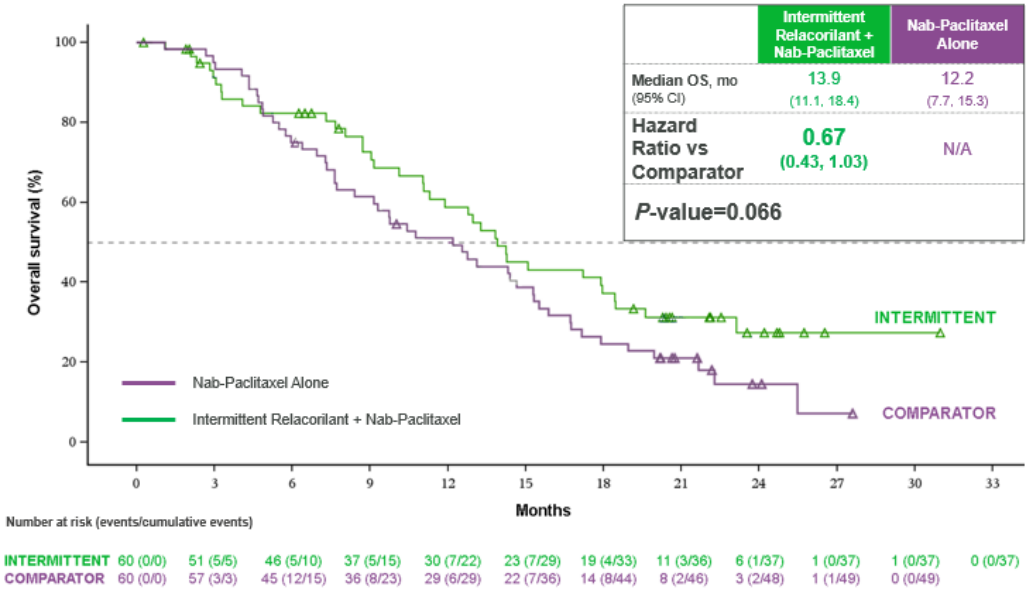
* Platinum-refractory: Patients previously treated with platinum agents who experience disease progression within 1 month from last platinum treatment.
** Primary platinum-refractory: Patients previously untreated with platinum agents who experience disease progression within 1 month of first line platinum-based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

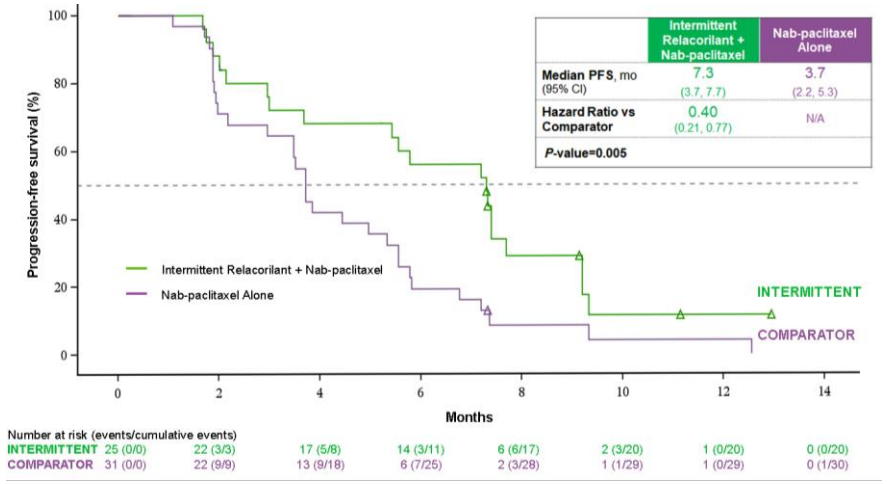
- All relacorilant-treated patients received prophylactic G-CSF per protocol to reduce the risk of neutropenia
- 46.7% of patients in the comparator arm received G-CSF per the investigator's standard practice

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

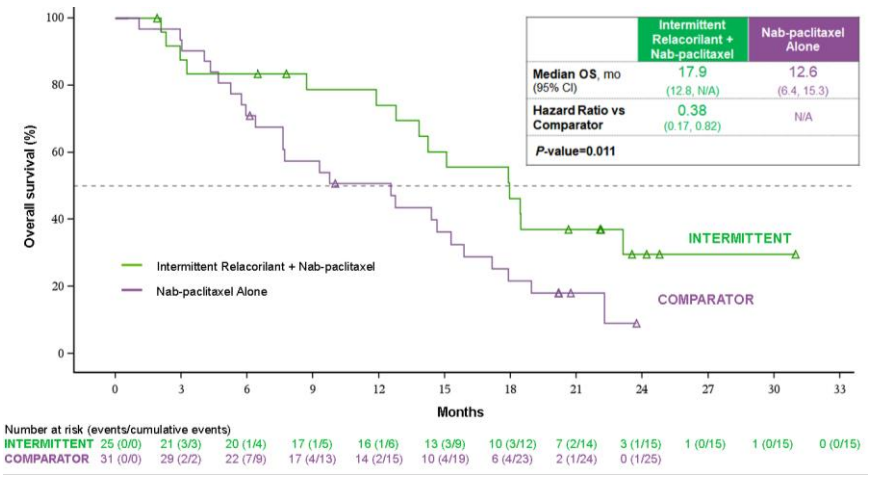
Pivotal Phase 3 ROSELLA Trial in Platinum-Resistant Ovarian Cancer

- ROSELLA trial design closely tracks the Phase 2 study
  - Includes patients who received prior bevacizumab therapy
  - Excludes patients with primary platinum-refractory disease and ≥ 4 prior lines of therapy
- 381 patients enrolled
  - Results expected in Q4 2024
- ROSELLA patient population in Phase 2 study exhibited greater improvement

Progression-Free Survival



Overall Survival



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 in Q4 2024

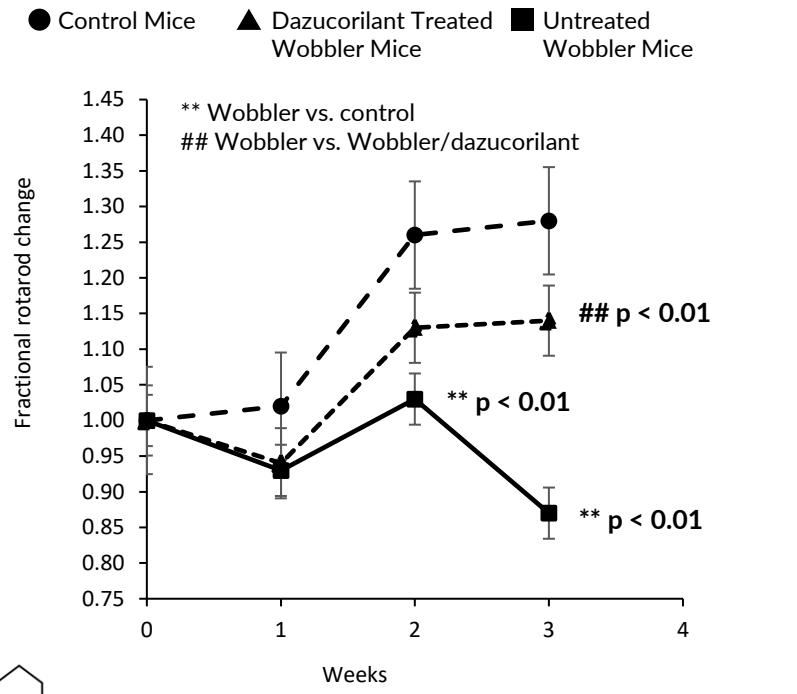
CDC, ALS Association, International Alliance of ALS-MND Associations

Dazucorilant Improves Function and Pathology in ALS Mouse Model

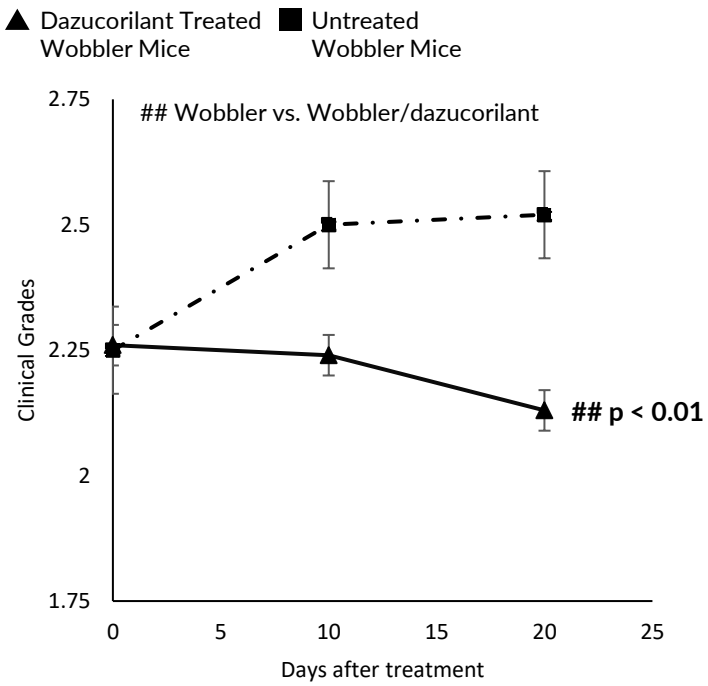
Wobbler mice treated with dazucorilant exhibited:

- Improved motor performance
- Reduced muscular atrophy and neuroinflammation

Motor Performance



Muscular Atrophy



Definition of clinical scores

0: normal
1: atrophy of paw finders
2: curled fingers
3: curled wrist
4: forelimb flexed to chest

Meyer et al. Brain Res. 2020.

Metabolic Dysfunction-Associated Steatohepatitis (MASH): Significant Unmet Need

- MASH is a severe liver disorder that afflicts millions of patients in the United States and increases the risk of liver-related morbidity and mortality

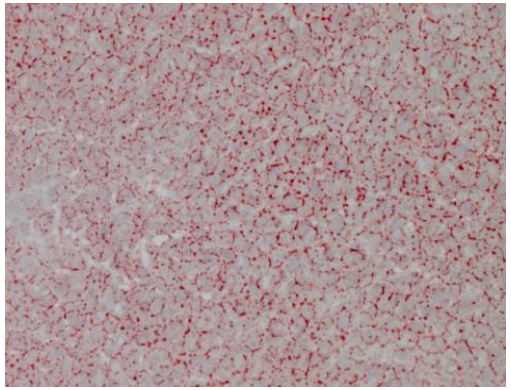
- Heterogeneous disease with few treatment options

Miricorilant:
Prevents and Treats Fatty Liver Disease in Animal Models

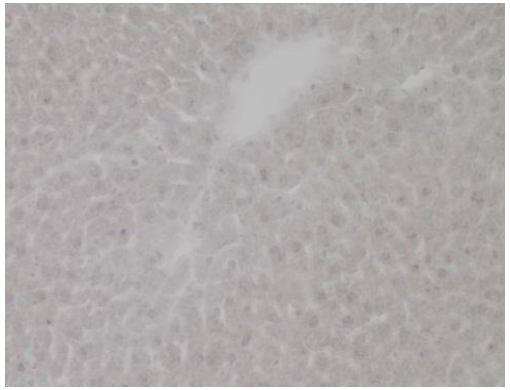
Mouse model of fatty liver prevention:

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

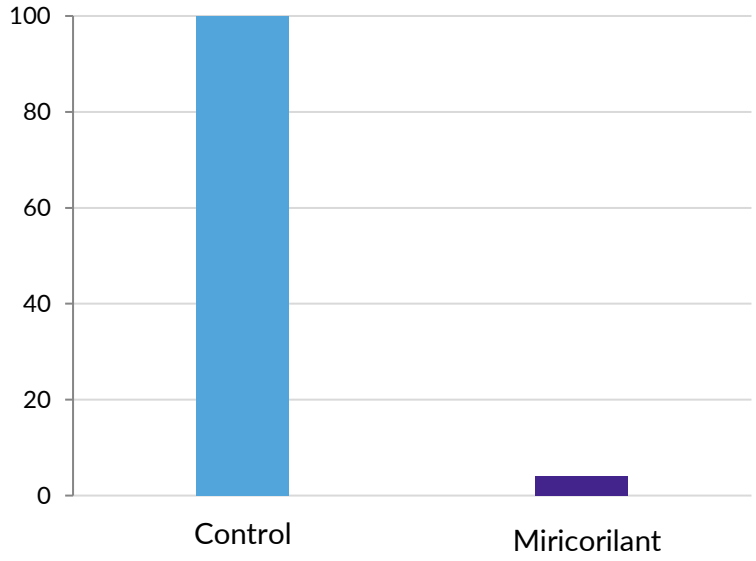
Control mice



Miricorilant treated mice

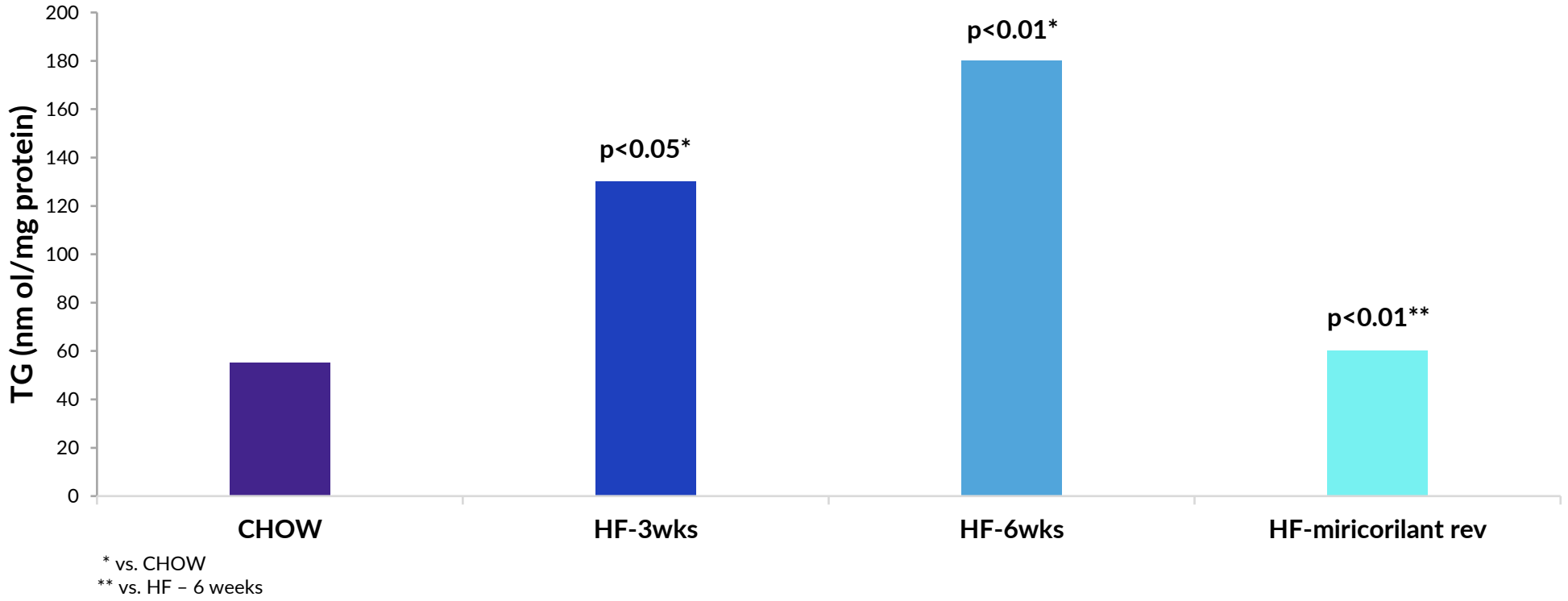


Liver lipids, *% control*



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

- Phase 1b topline results (100 mg miricorilant taken orally twice weekly for 12 weeks):
  - ~30% reduction in liver fat
  - Improved liver health as well as key metabolic and lipid measures
  - Very well-tolerated

- MONARCH Phase 2b trial enrolling
  - Randomized, double-blind, placebo-controlled study
  - Cohort A: 120 patients with biopsy-confirmed MASH, randomized 2:1 to receive either 100 mg of miricorilant twice weekly, or placebo for 48 weeks
    - Primary endpoint: reduction in liver fat
    - Key secondary endpoints: MASH resolution and fibrosis improvement
  - Cohort B: 75 patients with presumed MASH, randomized 2:1 to receive miricorilant titrating to 200 mg twice weekly, or placebo for 24 weeks
    - Primary endpoint: reduction in liver fat

Corcept THERAPEUTICS

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:

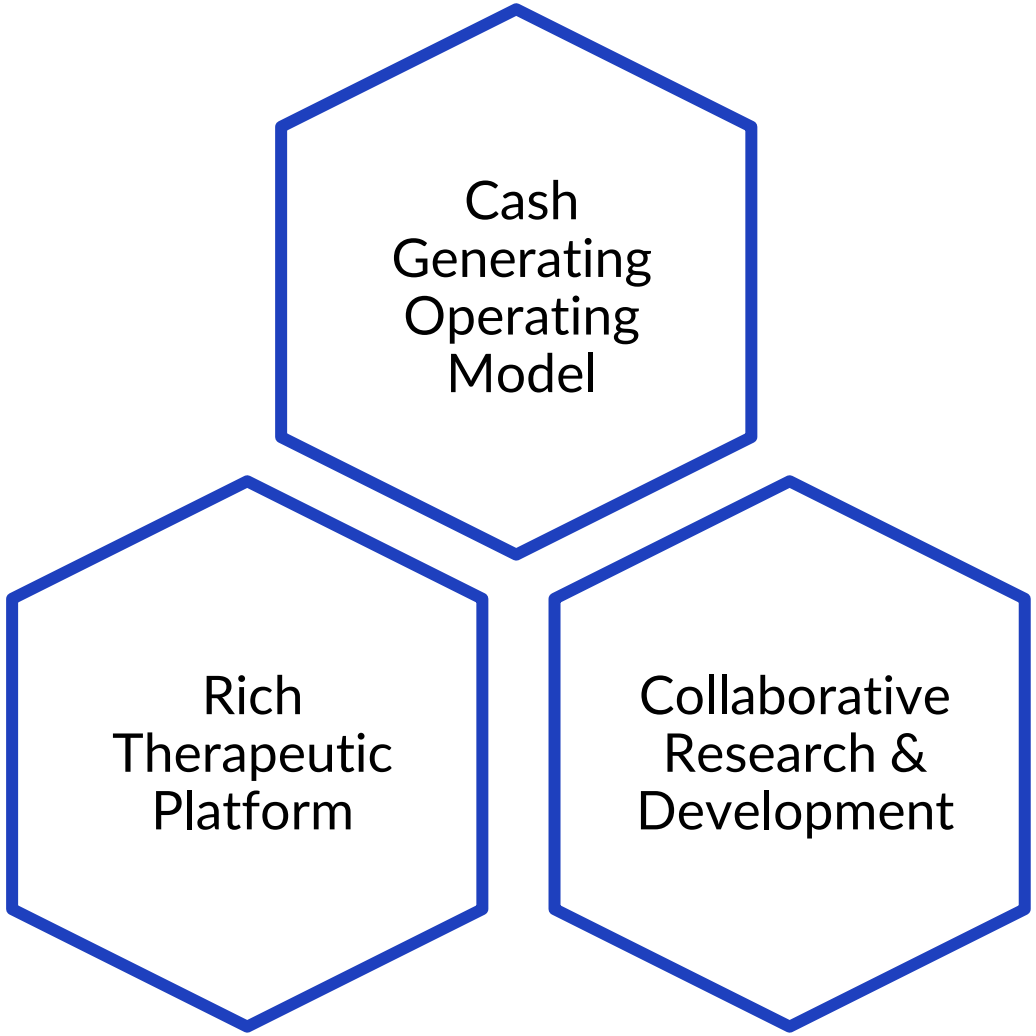
- Alcohol use disorder
- Post-traumatic stress disorder
- Alzheimer's disease
- Postpartum depression

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 THERAPEUTICS

Corcept's Model for Growth



THANK YOU