

WHAT IS CLAIMED IS:

1. Use of cotadutide (SEQ ID NO:4), dapagliflozin, and metformin in the manufacture of a medicament for~~A method of~~ improving glycemic control in a human patient in need thereof, ~~the method comprising administering to the patient~~wherein a sufficient amount of cotadutide (SEQ ID NO:4), dapagliflozin, and metformin is to be administered to the patient:
 - (i) ~~cotadutide (SEQ ID NO:4);~~
 - (ii) ~~dapagliflozin; and~~
 - (iii) ~~metformin~~to improve glycemic control.
2. Use of cotadutide (SEQ ID NO:4), dapagliflozin, and metformin in the manufacture of a medicament for~~A method of~~ reducing body weight in a human patient in need thereof, ~~the method comprising administering to the patient~~wherein a sufficient amount of cotadutide (SEQ ID NO:4), dapagliflozin, and metformin is to be administered to the patient:
 - (i) ~~cotadutide (SEQ ID NO:4);~~
 - (ii) ~~dapagliflozin; and~~
 - (iii) ~~metformin~~to reduce body weight.
3. Use of cotadutide (SEQ ID NO:4), dapagliflozin, and metformin in the manufacture of a medicament for~~A method of~~ treating type 2 diabetes mellitus (T2DM) in a human patient in need thereof, ~~the method comprising administering to the patient~~wherein a sufficient amount of cotadutide (SEQ ID NO:4), dapagliflozin, and metformin is to be administered to the patient:
 - (i) ~~cotadutide (SEQ ID NO:4);~~
 - (ii) ~~dapagliflozin; and~~
 - (iii) ~~metformin~~to treat T2DM.

4. The ~~method~~use of any one of claims 1-3, wherein the cotadutide is to be administered at an initial dose of at least 20 µg daily and to be administered at a second higher dose thereafter.
5. The ~~method~~use of claim 4, wherein the cotadutide is to be administered at a third dose after the administration of the second dose, wherein the third dose is higher than the second dose, optionally wherein the third dose does not exceed 600 µg daily or wherein the third dose does not exceed 300 µg daily.
6. The ~~method~~use of claim 4 or 5, wherein the initial dose is to be administered for about 7 days to about 14 days.
7. The ~~method~~use of any one of claims 1-6, wherein the cotadutide is to be administered at an initial dose of 100 µg daily for 7 days, at second dose of 200 µg daily for the next 7 days, and subsequently at a dose of 300 µg daily.
8. The ~~method~~use of any one of claims 1-7, wherein the cotadutide is to be administered by injection, optionally wherein the administration is subcutaneous.
9. The ~~method~~use of any one of claims 1-8, wherein the dapagliflozin is to be administered at a dose of 5 mg or 10 mg daily, optionally at a dose of 10 mg daily.
10. The ~~method~~use of any one of claims 1-9, wherein the dapagliflozin is to be administered orally.
11. The ~~method~~use of any one of claims 1-10, wherein the metformin is to be administered at a dose of 500 mg to 2550 mg daily, 500 mg to 2000 mg daily, 500 mg to 1000 mg daily, or 500 mg to 850 mg daily.
12. The ~~use~~method of any one of claims 1-11, wherein the metformin is to be administered orally.

13. The ~~method-use~~ of any one of claims 1-12, wherein the administration is capable of reducing~~reduces~~ the mixed-meal tolerance test (MMTT) plasma glucose area under the curve (AUC)_{0-4hours} in the patient.
14. The ~~method-use~~ of claim 13, wherein the administration is capable of reducing~~reduces~~ the MMTT plasma glucose AUC_{0-4hours} in the patient by at least 25 mg-hr/dL, at least 50 mg-hr/dL, at least 75 mg-hr/dL, at least 100 mg-hr/dL, or at least 150 mg-hr/dL.
15. The ~~method-use~~ of claim 13 or 14, wherein the administration is capable of reducing~~reduces~~ the percent MMTT plasma glucose AUC_{0-4hours} in the patient by at least 5%, at least 10%, at least 15%, or at least 20%.
16. The ~~usemethod~~ of any one of claims 1-15, wherein the administration is capable of reducing~~reduces~~ continuous glucose monitoring (CGM) glucose AUC₀₋₂₄ in the patient.
17. The ~~usemethod~~ of claim 16, wherein the administration is capable of reducing~~reduces~~ CGM glucose AUC₀₋₂₄ in the patient by at least 200 mg-hr/dL, at least 250 mg-hr/dL, at least 300 mg-hr/dL, at least 350 mg-hr/dL, at least 400 mg-hr/dL, at least 450 mg-hr/dL, at least 500 mg-hr/dL, at least 550 mg-hr/dL, at least 600 mg-hr/dL, or at least 650 mg-hr/dL.
18. The ~~usemethod~~ of any one of claims 1-17, wherein the administration is capable of reducing~~reduces~~ 24-hour CGM mean glucose in the patient.
19. The ~~usemethod~~ of claim 18, wherein the administration is capable of reducing~~reduces~~ 24-hour CGM mean glucose in the patient by at least 10 mg/dL, at least 15 mg/dL, at least 20 mg/dL, or at least 25 mg/dL.
20. The ~~usemethod~~ of any one of claims 1-19, wherein the administration is capable of reducing~~reduces~~ the standard deviation (SD) in CGM glucose in the patient by at least 5 mg/dL.

21. The ~~use~~method of any one of claims 1-20, wherein the administration is capable of reducing~~reduces~~ the CGM mean amplitude of glucose excursion (MAGE) in the patient by at least 10 mg/dL, at least 15 mg/dL, at least 20 mg/dL, or at least 25 mg/dL.
22. The ~~use~~method of any one of claims 1-21, wherein the administration is capable of reducing~~reduces~~ fasting plasma glucose (FPG) in the patient.
23. The ~~use~~method of claim 22, wherein the administration is capable of reducing~~reduces~~ FPG in the patient by at least 5 mg/dL, at least 10 mg/dL, at least 15 mg/dL, at least 20 mg/dL, at least 25 mg/dL, or at least 30 mg/dL.
24. The ~~use~~method of any one of claims 1-23, wherein the administration is capable of reducing~~reduces~~ Hemoglobin A1c (HbA1c) in the patient by at least 0.5% or by at least 1%.
25. The ~~use~~method of any one of claims 1-24, wherein the administration is capable of reducing~~reduces~~ body weight of the patient by at least 2 kg or by at least 3 kg.
26. The ~~use~~method of any one of claims 13-25, wherein the reduction occurs with 28 days from the initial administration of the cotadutide.
27. The ~~use~~method of any one of claims 1-26, wherein the administration is capable of producing~~produces~~ euglycemic glucose levels in the patient.
28. The ~~use~~method of any one of claims 1-27, wherein the administration is capable of preventing~~prevents~~ hyperglycemic glucose levels in the patient.
29. The ~~use~~method of any one of claims 2-28, wherein the administration is capable of improving~~improves~~ glycemic control in the patient.
30. The ~~use~~method of any one of claims 1 and 3-28, wherein the administration is capable of reducing~~reduces~~ body weight in the patient.

31. The ~~use~~method of any one of claims 1, 2, and 4-28, wherein the administration is capable of treating~~treats~~ T2DM in the patient.
32. The ~~use~~method of any one of claims 1-31, wherein the administration is for at least four weeks.
33. The ~~use~~method of any one of claims 1-32, wherein the administration is an adjunct to diet and exercise.
34. The ~~use~~method of any one of claims 1-33, wherein the patient has a body mass index (BMI) of $\geq 25 \text{ kg/m}^2$ to $\leq 40 \text{ kg/m}^2$.
35. The ~~use~~method of any one of claims 1-34, wherein the patient has a hemoglobin A1c (HbA1c) of $\geq 7.0\%$ to $\leq 10.0\%$.
36. The ~~use~~method of any one of claims 1, 2, 4-30, and 32-35, wherein the patient has T2DM.