WHAT IS CLAIMED IS:

1. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for treating chronic kidney disease (CKD) in a human patient, wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.
2. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for decreasing urine albumin:creatinine ratio (UACR) in a human patient with CKD, wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.
3. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for reducing body weight in a human patient with CKD, wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.
4. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for improving glycemic control in a human patient with CKD, wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.
5. The use of any one of claims 1-4, wherein the cotadutide is to be administered at an initial dose of at least 20 µg daily, optionally a dose of about 50 µg daily, and then administered at a second higher dose.
6. The use of claim 5, 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.
7. The use of claim 5, wherein the cotadutide is to be administered at a third dose after the administration of the second dose, optionally a fourth dose after the administration of the third dose, and optionally a fifth dose after the fourth dose, wherein the third dose is higher than the second dose, the fourth dose, when present, is higher than the third dose, the fifth dose, when present, is higher than the fifth dose, and the sixth dose, when present, is higher than the fourth dose.
8. The use of any one of claims 5-7, wherein the initial dose is to be administered daily for about 4 days to about 14 days.
9. The use of any one of claims 1-8, wherein the dose of cotadutide does not exceed 600 µg daily or does not exceed 300 µg daily.

10. The use of any one of claims 1-9, wherein the cotadutide is to be administered at an initial dose of 50 µg daily for 14 days and then at a second dose of 100 µg daily.
11. The use of claim 10, wherein the cotadutide is to be administered at the second dose of 100 µg daily for 14 days or 28 days and then at a third dose of 200 µg daily.
12. The use of claim 11, wherein the cotadutide is to be administered at the third dose of 200 µg daily for 14 days and then at a fourth dose of 400 µg daily.
13. The use of claim 12, wherein the cotadutide is to be administered at the fourth dose of 400 µg daily for 14 days and then at a fifth dose of 600 µg daily.
14. The use of any one of claims 1-9, wherein the cotadutide is to be administered at an initial dose of 50 µg daily for 4 days and then at a second dose of 100 µg daily.
15. The use of claim 14, wherein the cotadutide is to be administered at the second dose of 100 µg daily for 7 days and then at a third dose of 200 µg daily.
16. The use of claim 15, wherein the cotadutide is to be administered at the third dose of 200 µg daily and then at a fourth dose of 300 µg daily.
17. The use of any one of claims 1-9, 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.
18. The use of any one of claims 1-17, wherein the cotadutide is to be administered by injection, optionally wherein the administration is subcutaneous.
19. The use of any one of claims 1-18, wherein the administration is capable of reducing the mixed-meal tolerance test (MMTT) plasma glucose area under the curve $(AUC)_{0\text{-}4hours}$ in the patient, optionally wherein the administration is capable of reducing the MMTT plasma glucose AUC by at least 15%, by at least 20%, or by at least 25%.
20. The use of any one of claims 1-19, wherein the administration is capable of reducing Hemoglobin A1c (HbA1c) in the patient.
21. The use of any one of claims 1-20, wherein the administration is capable of reducing fasting plasma glucose (FPG) in the patient.
22. The use of any one of claims 1-21, wherein the administration is capable of reducing continuous glucose monitoring (CGM) glucose $AUC_{0\text{-}24}$ in the patient.
23. The use of any one of claims 1-22, wherein the administration is capable of reducing hyperglycemic glucose levels in the patient.

24. The use of any one of claims 1-23, wherein the patient was using insulin prior to the administration of the Cotadutide and the administration of the Cotadutide is capable of reducing insulin use by the patient.
25. The use of any one of claims 19-24, wherein the reduction occurs with 3 weeks, within 12 weeks, within 14 weeks, or within 26 weeks from the initial administration of the Cotadutide.
26. The use of any one of claims 1-25, wherein the administration is capable of increasing the amount of time the patient has euglycemic glucose levels, optionally wherein the amount of time is measured over a 7-day period.
27. The use of any one of claims 1-26, wherein the administration is capable of improving insulin resistance in the patient, optionally wherein the insulin resistance is measured using the Homeostatic Model Assessment of Insulin Resistance (HOMA-IR) and/or the MATSUDA index
28. The use of any one of claims 1-27, wherein the administration is capable of improving beta cell function in the patient .
29. The use of any one of claims 2-28, wherein the administration is capable of treating CKD in the patient.
30. The use of any one of claims 1 and 3-29, wherein the administration is capable of decreasing the urine albumin:creatinine ratio (UACR) of the patient, optionally wherein the administration is capable of decreasing the UACR by at least 40%, by at least 45%, or by at least 50%.
31. The use of any one of claims 1, 2, and 4-30, wherein the administration is capable of reducing body weight of the patient.
32. The use of claim 3 or 31, wherein the administration is capable of reducing the body weight of the patient by at least 3%, by at least 5%, or by at least 10%.
33. The use of any one of claims 1-3 and 5-32, wherein the administration is capable of improving glycemic control in the patient.
34. The use of any one of claims 1-33, wherein the administration is for at least two weeks, for at least 12 weeks, for at least 14 weeks, or for at least 26 weeks.
35. The use of any one of claims 1-34, wherein the administration is an adjunct to diet and exercise.

36. The use of any one of claims 1-35, wherein the patient has an estimated glomerular filtration rate (eGFR) of < 90 mL/min/1.73 m^2 prior to the administration.
37. The use of claim 36, wherein the patient has an eGFR < 60 mL/min/1.73 m^2 prior to the administration.
38. The use of any one of claims 1-37, wherein the patient has an eGFR ≥ 20 mL/min/m^2 prior to the administration.
39. The use of claim 38, wherein the patient has an eGFR ≥ 30 mL/min/m^2 prior to the administration.
40. The use of any one of claims 1-39, wherein the patient has micro- or macro-albuminuria.
41. The use of any one of claims 1-40, wherein the patient has an HBA1c $< 8.0\%$ prior to the administration.
42. The use of any one of claims 1-41, wherein the patient has a body mass index (BMI) of ≥ 23 kg/m^2 or ≥ 25 kg/m^2 prior to the administration.
43. The use of any one of claims 1-42, wherein the patient has a BMI ≤ 40 kg/m^2 prior to the administration.
44. The use of any one of claims 1-43, wherein the patient has UACR>3 mg/mmol prior to the administration.
45. The use of any one of claims 1-44, wherein the human patient with CKD has diabetes.
46. The use of claim 45, wherein the diabetes is type 2 diabetes.
47. The use of any one of claims 1-44, wherein the human patient with CKD does not have diabetes.
48. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for treating diabetic kidney disease (DKD) in a human patient with type 2 diabetes mellitus (T2DM), wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.
49. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for decreasing urine albumin:creatinine ratio (UACR) in a human patient with T2DM and DKD, wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.

50. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for reducing body weight in a human patient with T2DM and DKD, wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.
51. Use of Cotadutide (SEQ ID NO:4) in the manufacture of a medicament for improving glycemic control in a human patient with T2DM and DKD, wherein a sufficient amount of Cotadutide (SEQ ID NO:4) is to be administered to the patient.
52. The use of any one of claims 1-51, wherein the cotadutide is to be administered at an initial dose of at least 20 µg daily, optionally a dose of about 50 µg daily, and then administered at a second higher dose.
53. The use of claim 52, 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.
54. The use of claim 52, wherein the cotadutide is to be administered at a third dose after the administration of the second dose, optionally a fourth dose after the administration of the third dose, and optionally a fifth dose after the fourth dose, wherein the third dose is higher than the second dose, the fourth dose, when present, is higher than the third dose, the fifth dose, when present, is higher than the fifth dose, and the sixth dose, when present, is higher than the fourth dose.
55. The use of any one of claims 52-54, wherein the initial dose is to be administered daily for about 4 days to about 14 days.
56. The use of any one of claims 1-55, wherein the dose of cotadutide does not exceed 600 µg daily or does not exceed 300 µg daily.
57. The use of any one of claims 1-56, wherein the cotadutide is to be administered at an initial dose of 50 µg daily for 14 days and then at a second dose of 100 µg daily.
58. The use of claim 57, wherein the cotadutide is to be administered at the second dose of 100 µg daily for 14 days or 28 days and then at a third dose of 200 µg daily.
59. The use of claim 58, wherein the cotadutide is to be administered at the third dose of 200 µg daily for 14 days and then at a fourth dose of 400 µg daily.
60. The use of claim 59, wherein the cotadutide is to be administered at the fourth dose of 400 µg daily for 14 days and then at a fifth dose of 600 µg daily.

61. The use of any one of claims 1-56, wherein the cotadutide is to be administered at an initial dose of 50 µg daily for 4 days and then at a second dose of 100 µg daily.
62. The use of claim 61, wherein the cotadutide is to be administered at the second dose of 100 µg daily for 7 days and then at a third dose of 200 µg daily.
63. The use of claim 62, wherein the cotadutide is to be administered at the third dose of 200 µg daily and then at a fourth dose of 300 µg daily.
64. The use of any one of claims 1-56, 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.
65. The use of any one of claims 1-64, wherein the cotadutide is to be administered by injection, optionally wherein the administration is subcutaneous.
66. The use of any one of claims 1-65, wherein the administration is capable of reducing the mixed-meal tolerance test (MMTT) plasma glucose area under the curve $(AUC)_{0\text{-}4hours}$ in the patient, optionally wherein the administration is capable of reducing the MMTT plasma glucose AUC by at least 15%, by at least 20%, or by at least 25%.
67. The use of any one of claims 1-66, wherein the administration is capable of reducing Hemoglobin A1c (HbA1c) in the patient.
68. The use of any one of claims 1-67, wherein the administration is capable of reducing fasting plasma glucose (FPG) in the patient.
69. The use of any one of claims 1-68, wherein the administration is capable of reducing continuous glucose monitoring (CGM) glucose $AUC_{0\text{-}24}$ in the patient.
70. The use of any one of claims 1-69, wherein the administration is capable of reducing hyperglycemic glucose levels in the patient.
71. The use of any one of claims 1-70, wherein the administration is capable of reducing insulin use by the patient.
72. The use of any one of claims 66-71, wherein the reduction occurs with 3 weeks, within 12 weeks, within 14 weeks, or within 26 weeks from the initial administration of the Cotadutide.
73. The use of any one of claims 1-72, wherein the administration is capable of increasing the amount of time the patient has euglycemic glucose levels, optionally wherein the amount of time is measured over a 7-day period.

74. The use of any one of claims 1-73, wherein the administration is capable of improving insulin resistance in the patient, optionally wherein the insulin resistance is measured using the Homeostatic Model Assessment of Insulin Resistance (HOMA-IR) and/or the MATSUDA index
75. The use of any one of claims 1-74, wherein the administration is capable of improving beta cell function in the patient.
76. The use of any one of claims 49-75, wherein the administration is capable of treating DKD in the patient.
77. The use of any one of claims 48 and 50-76, wherein the administration is capable of decreasing the urine albumin:creatinine ratio (UACR) of the patient, optionally wherein the administration is capable of decreasing the UACR by at least 40%, by at least 45%, or by at least 50%.
78. The use of any one of claims 48, 49, and 51-77, wherein the administration is capable of reducing body weight of the patient.
79. The use of claim 50 or 78, wherein the administration is capable of reducing the body weight of the patient by at least 3%, by at least 5%, or by at least 10%.
80. The use of any one of claims 48-50 and 52-79, wherein the administration is capable of improving glycemic control in the patient.
81. The use of any one of claims 1-80, wherein the administration is for at least two weeks, for at least 12 weeks, for at least 14 weeks, or for at least 26 weeks.
82. The use of any one of claims 1-81, wherein the administration is an adjunct to diet and exercise.
83. The use of any one of claims 1-82, wherein the patient has an estimated glomerular filtration rate (eGFR) of < 90 mL/min/1.73 m^2 prior to the administration.
84. The use of claim 83, wherein the patient has an eGFR < 60 mL/min/1.73 m^2 prior to the administration.
85. The use of any one of claims 1-84, wherein the patient has an eGFR ≥ 20 mL/min/m^2 prior to the administration.
86. The use of claim 85, wherein the patient has an eGFR ≥ 30 mL/min/m^2 prior to the administration.
87. The use of any one of claims 1-86, wherein the patient has micro- or macro-albuminuria.

88. The use of any one of claims 1-87, wherein the patient has an HBA1c < 8.0% prior to the administration.
89. The use of any one of claims 1-88, wherein the patient has a body mass index (BMI) of $\geq$ 23 kg/m^2 or $\geq$ 25 kg/m^2 prior to the administration.
90. The use of any one of claims 1-89, wherein the patient has a BMI $\leq$ 40 kg/m^2 prior to the administration.
91. The use of any one of claims 1-90, wherein the patient has UACR>3 mg/mmol prior to the administration.