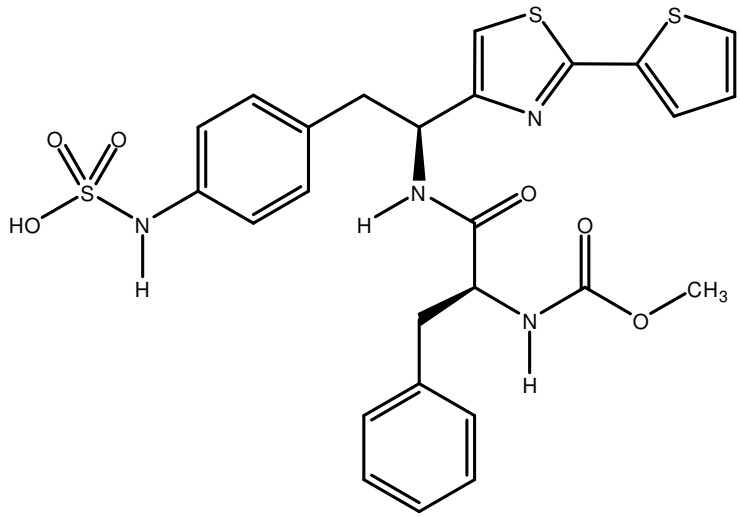
CLAIMS

WHAT IS CLAIMED IS:

1. Use of a therapeutically-effective amount of a compound that activates Tie-2 and an agent that increases solubility of the compound that activates Tie-2 as compared to solubility in absence of the agent in the manufacture of a medicament for treating an ocular condition in a subject in need thereof, wherein the medicament is to be administered to the subject, wherein the agent is a cyclodextrin, wherein the compound that activates Tie-2 is of the formula:



or a pharmaceutically-acceptable salt or zwitterion thereof.

2. The use of claim 1, wherein the compound that activates Tie-2 binds HPTP-beta.

3. The use of claim 1, wherein the compound that activates Tie-2 inhibits HPTP-beta.

4. The use of claim 1, wherein the cyclodextrin is 2-hydroxypropyl-β-cyclodextrin.

5. The use of claim 1, wherein the cyclodextrin is sulfobutylether-β-cyclodextrin.

6. The use of claim 1, wherein the compound that activates Tie-2, and the agent that improves the aqueous solubility of the compound that activates Tie-2 are held in a complex by non-covalent interactions.

7. The use of claim 1, wherein the agent that increases solubility of the compound that activates Tie-2 increases aqueous solubility by at least 10% at each of 5 °C, ambient temperature, and 50 °C.

8. The use of claim 1, wherein the agent that increases solubility of the compound that activates Tie-2 increases aqueous solubility by at least 25%.

9. The use of claim 1, wherein the agent that increases solubility of the compound that activates Tie-2 increases aqueous solubility by at least 50%.

10. The use of claim 1, wherein the therapeutically-effective amount is from 0.1 mg to 100 mg.

11. The use of claim 1, wherein the therapeutically-effective amount is from 0.5 mg to 30 mg.

12. The use of claim 1, wherein the compound that activates Tie-2, and the agent that improves the aqueous solubility of the compound that activates Tie-2 are to be coadministered in a unit dosage form.

13. The use of claim 12, wherein the unit dosage form is to be administered subcutaneously.

14. The use of claim 12, wherein the unit dosage form is to be administered to an eye.

15. The use of claim 1, wherein the ocular condition is diabetic macular edema.

16. The use of claim 1, wherein the ocular condition is diabetic retinopathy.

17. The use of claim 1, wherein the ocular condition is macular degeneration.

18. The use of claim 1, wherein the ocular condition is vascular leak in an eye of the subject.

19. The use of claim 1, wherein the subject is a human.

20. The use of claim 1, wherein a plasma concentration in the subject of the compound that activates Tie-2 or the pharmaceutically-acceptable salt or zwitterion thereof is no greater than 500 ng/mL at 0.25 hours after the administration.

21. The use of claim 1, wherein a plasma concentration in the subject of the compound that activates Tie-2 or the pharmaceutically-acceptable salt, or zwitterion thereof is 50 ng/mL to 350 ng/mL at 0.25 hours after the administration; 30 ng/mL to 350 ng/mL at 1 hour after the administration; 10 ng/mL to 200 ng/mL at 2 hours after the administration; and 0 ng/mL to 50 ng/mL at 4 hours after the administration.

22. The use of claim 1, wherein a plasma concentration in the subject of the compound that activates Tie-2 or the pharmaceutically-acceptable salt, or zwitterion thereof is:

a) for administration of a dose of about 5 mg, 50 ng/mL to 100 ng/mL at 0.25 hours after the administration; 30 ng/mL to 80 ng/mL at 1 hour after the administration; 10 ng/mL to 50 ng/mL at 2 hours after the administration; and 0 ng/mL to 30 ng/mL at 4 hours after the administration;

b) for administration of a dose of 15 mg, 120 ng/mL to 180 ng/mL at 0.25 hours after the administration; 70 ng/mL to 130 ng/mL at 1 hour after the administration; 20 ng/mL to 70 ng/mL at 2 hours after the administration; and 0 ng/mL to 40 ng/mL at 4 hours after the administration;

c) for administration of a dose of 22.5 mg, 190 ng/mL to 250 ng/mL at 0.25 hours after the administration; 170 ng/mL to 240 ng/mL at 1 hour after the administration; 70 ng/mL to 120 ng/mL at 2 hours after the administration; and 10 ng/mL to 60 ng/mL

at 4 hours after the administration; and

d) for administration of a dose of 30 mg, 250 ng/mL to 330 ng/mL at 0.25 hours after the administration; 270 ng/mL to 330 ng/mL at 1 hour after the administration; 130 ng/mL to 180 ng/mL at 2 hours after the administration; and 25 ng/mL to 75 ng/mL at 4 hours after the administration.