

- A diverse collection of medications is available to ophthalmologists for the treatment of autoimmune eye disease. If utilized properly, many exhibit high safety and efficacy profiles.
- It is recommended that treatment occur in a stepwise fashion, from least to more aggressive, and possibly include corticosteroid administration of various forms to quell active inflammation. Classic immunomodulators and newer biologic response modifiers may be employed.
- Corticosteroid monotherapy is almost never curative and carries significant side effects, while immunomodulatory therapy, when used appropriately as way to induce steroid-free remission, carries far less risk of causing long term complications and provides greater potential of altering the immune system to induce a durable remission.
- Emerging therapies represent the newest class of compounds, and were created to diminish side-effect profiles through highly-specific disease targeting. They may exhibit higher rates of efficacy in recalcitrant uveitis patients.
- Although much progress has been made, much work lies ahead of researchers and clinicians seeking a cure for autoimmune uveitis.

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