

4. A TARGET INTRAOCULAR PRESSURE; AND
5. CRITERIA FOR SURGICAL INTERVENTION BY THE OPTHALMOLOGIST.

(2) (I) A TREATMENT PLAN DEVELOPED UNDER THIS SUBSECTION MAY BE MODIFIED ONLY AFTER BOTH THE OPTOMETRIST AND THE OPTHALMOLOGIST CONSULT TOGETHER AND CONSENT TO THE MODIFICATION.

(II) EACH MODIFICATION SHALL BE NOTED IN THE OPTOMETRIC RECORD OF THE PATIENT.

(3) A THERAPEUTICALLY CERTIFIED OPTOMETRIST WHO TREATS A PATIENT WITH PRIMARY OPEN-ANGLE GLAUCOMA IN ACCORDANCE WITH THIS SECTION:

(I) SHALL REFER THE PATIENT TO AN OPTHALMOLOGIST AT LEAST ONCE A YEAR AFTER THE INITIAL MANDATORY REFERRAL UNDER PARAGRAPH (1) OF THIS SUBSECTION;

(II) MAY CONTINUE TO RENDER TREATMENT UNDER THE JOINT TREATMENT PLAN UNTIL THE PATIENT IS EXAMINED BY AN OPTHALMOLOGIST;

(III) SHALL CONSULT WITH AN OPTHALMOLOGIST IF:

1. THE PATIENT DOES NOT HAVE THE EXPECTED RESPONSE TO TREATMENT;

2. THE TARGET INTRAOCULAR PRESSURE IS NOT REACHED;

OR

3. THERE IS WORSENING IN A PATIENT'S VISUAL FIELD OR OPTIC NERVE HEAD; AND

(IV) MAY PERFORM AND EVALUATE VISUAL FIELD TESTS, NERVE FIBER LAYER PHOTOS, AND OPTIC DISC PHOTOS. THE TESTS OR PHOTOS SHALL BE PROVIDED TO AN OPTHALMOLOGIST FOR REVIEW BY THE OPTHALMOLOGIST.

(D) (1) EXCEPT AS PROVIDED IN PARAGRAPHS (2) AND (3) OF THIS SUBSECTION, A THERAPEUTICALLY CERTIFIED OPTOMETRIST MAY NOT ADMINISTER OR PRESCRIBE ANY ORAL PHARMACEUTICAL AGENT FOR ANY PURPOSE.

(2) (I) A THERAPEUTICALLY CERTIFIED OPTOMETRIST MAY ADMINISTER AND PRESCRIBE ORAL TETRACYCLINE AND ITS DERIVATIVES ONLY FOR THE DIAGNOSIS AND TREATMENT OF MEIBOMITIS AND SEBORRHEIC BLEPHARITIS.

(II) IF A THERAPEUTICALLY CERTIFIED OPTOMETRIST ADMINISTERS OR PRESCRIBES ORAL TETRACYCLINE OR ITS DERIVATIVES TO A PATIENT IN ACCORDANCE WITH SUBPARAGRAPH (I) OF THIS PARAGRAPH AND THE PATIENT DOES NOT IMPROVE WITHIN 3 WEEKS OF TREATMENT, THE OPTOMETRIST SHALL REFER THE PATIENT TO AN OPTHALMOLOGIST.