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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
INTERDISCIPLINARY ADVISORY COMMITTEE
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
August 26, 2026

The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Committee.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-2)

B. Approval of Minutes of June 25, 2026 (3-4)

C. Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition

E. Administrative Matters – Discussion and Consideration

1. Department, Staff and Committee Updates
2. Committee Members – Committee Member Status
   a. DeGroot, Tina – Board of Nursing Representative
   b. Englebert, Doug – Controlled Substances Board Representative
   c. Schmeling, Gregory – Medical Examining Board Representative
   d. Streit, Tara E. – Physician Assistant Affiliated Credentialing Board Representative
   e. Watkins, Alexis – Cosmetology Examining Board Representative
3. Alternates
   a. Majeed-Haqqi, Lubna – Controlled Substances Board Representative
   b. Lange, Amanda – Physician Assistant Affiliated Credentialing Board Representative
   c. Jackson, Megan A. – Cosmetology Examining Board Representative
   d. Kane, Amanda K. – Board of Nursing Representative
   e. Wilson, Christa M. – Pharmacy Examining Board Representative
   f. Yu, Emily S. – Medical Examining Board Representative

F. Ketamine Guidance Document – Discussion and Consideration (5-12)

G. Public Comments

ADJOURNMENT

NEXT MEETING: OCTOBER 22, 2026

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at https:\\dsps.wi.gov. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

VIRTUAL/TELECONFERENCE
INTERDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
JUNE 25, 2026

PRESENT: Tina DeGroot, Doug Englebert, Gregory Schmeling, Tara Streit, John Weitekamp

Also Present: Megan Jackson, Amanda Kane

ABSENT: Alexis Watkins

STAFF: Brad Wojciechowski, Executive Director; Renee Parton, Legal Counsel; Nilajah Hardin, Administrative Rule Coordinator; Ashley Sarnosky, Board Administration Specialist; and other DSPS Staff

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 9:01 a.m. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Douglas Englebert moved, seconded by John Weitekamp, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 29, 2026

MOTION: John Weitekamp moved, seconded by Douglas Englebert, to approve the Minutes of April 29, 2026, as published. Motion carried unanimously.

KETAMINE GUIDANCE DOCUMENT

Discussion: Arizona Board of Nursing Guidance Document, Shannon Bitza

MOTION: Douglas Englebert moved, seconded by Tina DeGroot, to acknowledge and thank Shannon Bitza, Arizona Board of Nursing for their appearance to the Committee. Motion carried unanimously.

Discussion: Ketamine Research Institute, Dr. Gerald Grass

MOTION: Douglas Englebert moved, seconded by Tina DeGroot, to acknowledge and thank Dr. Gerald Grass, Ketamine Research Institute for their appearance to the Committee. Motion carried unanimously.

Discussion: Ketamine Guidance Document

MOTION: Douglas Englebert moved, seconded by Gregory Schmeling, to circulate the draft guidance on off label administration of ketamine to individual boards for feedback. Motion carried unanimously.

ADJOURNMENT

MOTION: Gregory Schmeling moved, seconded by John Weitekamp, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:51 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: **Brad Wojciechowski**		**2) Date when request submitted:** **8/20/2026** **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**	
3) Name of Board, Committee, Council, Sections: **Interdisciplinary Advisory Committee**			
4) Meeting Date: **8/26/2026**	**5) Attachments:** ☐ **Yes** ☒ **No**	**6) How should the item be titled on the agenda page?** **Ketamine Guidance Document**	
7) Place Item in: ☒ **Open Session** ☐ **Closed Session**	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ **Yes** ☒ **No**	**9) Name of Case Advisor(s), if applicable:** **N/A**	
10) Describe the issue and action that should be addressed: **Discussion and Consideration of Ketamine Guidance Document**			

JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, THE PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD, AND THE WISCONSIN CONTROLLED SUBSTANCES BOARD REGARDING THE ADMINISTRATION OF KETAMINE

It is the overall duty of each Board to protect the health, safety, and welfare of Wisconsin's citizens. Each Board seeks to improve the profession it supervises and to foster a better relationship between the profession and the general welfare of this state. Each Board is empowered to set standards of professional competency and conduct for the profession it supervises. With these principles in mind, the Interdisciplinary Advisory Committee (Committee), consisting of the Wisconsin Medical Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated Credentialing Board, Cosmetology Examining Board, and Controlled Substances Board, was established to discuss issues of mutual concern.

In recent years, Wisconsin has seen an increase in the off-label use[1] of ketamine in outpatient settings for the treatment of psychiatric disorders and chronic pain, as well as other conditions. Beginning in January 2025, ForwardHealth and the Wisconsin Department of Health Services established a coverage policy for the off-label use of IV Ketamine, including clinical criteria for its administration in certain off-label uses. The Department of Safety and Professional Services (DSPS) has received complaints related to the off-label use of ketamine, as well as questions from health care professionals concerning credentialing and other legal requirements for ketamine administration within the scope of professional practice.

Ketamine is a Schedule III controlled substance approved by the FDA for the induction and maintenance of general anesthesia and surgical pain management. Though research is showing efficacy, ketamine is not currently FDA-approved for the treatment of any mental health condition, including major depressive disorder (treatment-resistant depression (TRD)),[2] post-traumatic stress disorder, or severe suicidal ideation.[3] While the FDA has approved ketamine for use in surgical pain management, it has not been approved for

[1] The United States Food and Drug Administration (FDA) defines "off-label use" as use of a medication: for a disease or medical condition it is not approved to treat, the medication is given in a different way, or given in a different dose.

[2] Major Depressive Disorder that is treatment resistant as defined by the APA as a mood disorder characterized by persistent sadness and other symptoms of major depressive episode, without accompanying episodes of mania or hypomania, or mixed episodes of depressive and manic/hypomanic symptoms (Source: APA Dictionary of Psychology (https://dictionary.apa.org/) and in alignment with the Diagnostic and Statistical Manual of Mental Disorders).

[3] The FDA approved intranasal esketamine (SPRAVATO®) as a standalone treatment for treatment resistant depression in 2025. (Esketamine is a ketamine derivative and a Schedule III controlled substance). As part of its approval of SPRAVATO, which bears a boxed warning, the FDA imposed a Risk Evaluation and Mitigation Strategy (REMS) that imposes specific, in-person administration and monitoring requirements. https:// www. acces sdata. fda. gov/ drugs atfda_ docs/ label/ 2025/ 21124 3s016 lbl. pdf.

chronic pain management. Nevertheless, hundreds of clinics and facilities have opened across the United States, including in Wisconsin, offering varying forms of ketamine to treat a variety of medical conditions for which it is not an approved treatment. **This guidance document sets forth the relevant laws and standards of care implicated by off-label ketamine use and administration, based on existing Wisconsin law.**

This document provides guidance when assessing, ordering/prescribing, compounding, dispensing, administering, and monitoring patients with ketamine use. The intent of this guidance is to protect public safety, ensure evidence-based practice, mitigate risks, and provide clarity to health care professionals.

BACKGROUND

The practice of medicine and surgery is defined as "[t]o examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality." Wis. Stat. § 448.01(9). It includes the application of "principles or techniques of medical sciences in the diagnosis or prevention of" human health or disease. Id. Further, pursuant to Wis. Stat. § 448.03, "[n]o person may practice medicine or surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine or surgery" except for "[a]ny person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice… professional or practical nursing or nurse-midwifery under ch. 441… to practice as a physician assistant under subch. IX… or as otherwise provided by statute."

It is within the scope of practice of physicians, physician assistants (PA), and advanced practice registered nurses (APRN)[4] to assess, order/prescribe, administer, and monitor the off-label use of ketamine, assuming the medical providers possess the appropriate education and clinical competence. In addition, it is within the scope of practice of a physician and/or pharmacist to compound ketamine, provided the physician or pharmacist possess the appropriate education and clinical competence.

It is within the scope of practice of a registered nurse (RN) via an order from a licensed prescriber, to administer off-label prescribed ketamine if the nurse possesses the appropriate education and clinical competence to accept such an order. It is not within the scope of practice of an RN or LPN to independently engage in acts that require independent medical diagnosis, or the ordering/prescribing, or compounding of ketamine.

ASSESSMENT AND ORDER

[4] Practicing within relevant recognized role and with prescriptive authority. 2025 WI Act 17, which among other things, eliminates the APNP designation and replaces it with Advanced Practice Registered Nurse, along with designated roles, will be effective 9/1/2026.

The patient must be assessed prior to ordering/prescribing any ketamine treatment. Practitioners who may assess and order treatment appropriate to their area of competence (as established by their education, training, or experience)[5] include:

- A physician licensed pursuant to Wis. Stat. § 448.01(5).
- A PA licensed pursuant to Wis. Stat. § 448.974.
- An APRN licensed pursuant to Wis. Stat. § 441.09.

The assessment of the patient shall be documented and include:

- A thorough review of the patient's medical history[6], including current medications prescribed and identification of any prior ketamine use.
- Assessment of the patient's current symptoms, including any suicidal ideation or treatment-resistant depression. A psychiatric evaluation to assess the patient's mental health status and any potential for treatment-resistant depression. Baseline assessment (PHQ-9, pain scale).
- Prior treatment failures or contraindications to first-line therapy.
- Physical examination, including an in-person assessment of airway.
- The benefits of using ketamine versus the risks of not using it at all. Any consultation should include informed consent for off-label drug orders.
- Treatment recommendations.

It is the recommendation of this Committee, to mitigate risks of abuse, that the provider check the Wisconsin Prescription Drug Monitoring Program (PDMP) before ordering/prescribing ketamine to identify any signs of misuse or diversion.[7] The patient records should specify the form of ketamine prescribed (IV infusion, IV injection, oral and sublingual, nasal spray), justification for prescribed form, dose, dosage/administration instructions, and quantity. The patient records shall document informed consent of the following as appropriate: off-label status, risks, side-effects, diversion and misuse potential, risks of compounded formulations, and alternative treatment options. Medical records must be stored in compliance with state and federal law.

COMPOUNDING

[5] It is unprofessional conduct to provide services outside of your level of competency. If you do not have education, training and experience regarding treating and diagnosing Major Depressive Disorder and DSM criteria, you should be referring these patients to other providers with necessary competency.
[6] Sleep Apnea and high Body Mass Index (BMI) should be clinical evaluated prior to any ketamine administration.
[7] WI PDMP is not required to be reviewed if ketamine is ordered and administered in the clinic. Wis. Stat. § 961.385 (2)(cs)2. However, Ketamine abuse is a known risk and can be safeguarded against by at a minimum checking WI PDMP. accp1.org/pdfs/documents/publications/policy/JCP-2021-Off-Label-Use-Ketamine-Challenging-Drug-Treatment.pdf

Pursuant to Wis. Stat. § 450.01(3), compound "means to mix, combine or put together various ingredients or drugs for the purpose of dispensing." Compounding does not include mixing, reconstituting or other such acts that are performed in accordance with directions contained in approved labeling by the product's manufacturer and other manufacturer directions consistent with labeling.[8] Currently, compounded ketamine may take the form of IV/IM ketamine, nasal sprays, rapid dissolve tablets, troches, and/or suppositories.

The United States Pharmacopeia (USP) sets forth standardized requirements for compounding, including sterile compounding found in USP <797>, and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP <797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The "immediate use" provision of USP <797> does not supersede USP sterile compounding requirements. USP <797> should not be viewed as a workaround for the standards governing sterile product preparation. Moreover, the "immediate use" provision requires certain conditions be met, including:

- Aseptic techniques, processes, and procedures are followed, and written standard operating procedures (SOPs) are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.
- Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs.
- The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., approved labeling, stability, and compatibility studies).
- The preparation involves not more than 3 different sterile products.
- Any unused starting component from a single-dose container must be discarded after preparation is complete. Single-dose containers must not be used for more than one patient.
- Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
- Unless it is directly administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all active ingredients, the name or initials of the person who prepared the preparation, and the 4-hour time period within which administration must begin.[9]

[8] *See* 21 U.S.C. § 353a(e).

[9] Handling of sterile hazardous drugs must comply with USP <800> as well.

Failure to comply with these standards may result in unsanitary and unsafe conditions for patients.[10]

DISPENSING

A pharmacist should exercise caution before dispensing compounded ketamine to patients for unsupervised home use and should consider the risks associated with the particular route of administration (i.e. intravenous, oral).[11,12,13] Depending on the circumstances presented, the standard of care may require the pharmacist to:

- Verify the intended use prior to dispensing.
- Utilize the PDMP to review the patient's prescription history and identify any signs of misuse or diversion.
- Follow all PDMP recording requirements.
- Provide consultation when required by Wis. Admin. Code ch. Phar 7.

ADMINISTER AND MONITOR

Ketamine may be administered in the inpatient, outpatient, emergency department, or office-based setting, provided that the location has the equipment and personnel to safely administer the medication. Only a licensed physician, PA, APRN, or RN (via an order from, and under the supervision of a licensed prescriber) may administer ketamine intravenously.

The standard of care for the intravenous administration of ketamine is the same for both off-label and approved uses.[14] During administration, continuous monitoring of heart rate, blood pressure, respiratory status, and sedation level is mandatory. After administration, the patient must remain under observation until patient exhibits stable vitals, normal consciousness, and adequate airway control. The location should have emergency equipment/medication available to stabilize the patient should an adverse event occur. If ketamine is administered at home, a provider must ensure the same standard of care can be achieved to protect patient safety. At home intravenous administration of ketamine

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[10] *See* FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions https://www.fda.gov/drugs/human-drug-compounding/fda-highlights-concerns-compounding-drug-productsmedical-offices-and-clinics-under-insanitary.

[11] *See* Wis. Admin. Code § Phar 10.03(2) and (3).

[12] Under the FDA-required Spravato REMS, a pharmacy may not dispense or deliver Spravato/esketamine directly to a patient for home use; it may only be dispensed to REMS-certified healthcare settings for supervised administration. *See SPRAVATO® REMS (Risk Evaluation and Mitigation Strategy)*.

[13] Physicians and PAs have broad authority to dispense prescription drugs within their scope of practice. APRNs are limited to dispensing at the treatment facility the patient is being treated. *See* Wis. Stat. §§ 448.01(9), 448.975(1)(b)1., Wis. Admin. Code §§ PA 3.06, N 8.09(2).

[14] Change in modality of care is only acceptable if it meets established regulations. *See* Wis. Admin. Code chs. Med 24, PA 3 and N 8.

should only be conducted under provider supervision from individuals with the appropriate competency to ensure patient safety.

Before initiating the administration of ketamine the following should be considered:

- Only administer to patients for at home administration who have undergone a thorough evaluation and for whom the benefits outweigh the risks.
- Educate the patient and their caregivers about the proper administration of ketamine, potential side effects, and the importance of adhering to prescribed dosages. Obtain informed consent that clearly outlines the risks of at home administration.
- Ensure there is a robust emergency plan in place prior to administration of ketamine. Include detailed instructions for contacting emergency medical services and ensuring that resuscitation equipment and medications are on-site and immediately available for supervised administration.
- Administration should only be performed under the supervision of competent health care providers.

CONCLUSION

The practices involved in assessing, ordering, compounding, dispensing, and administering ketamine involve multiple professions. Individuals engaged in these practices must hold the appropriate license and practice within the scope of practice allowed by their credentials. The standards of practice do not change depending on whether the usage of ketamine is off-label or approved, or whether it occurs in a hospital, clinic, or in-home setting. Licensees who fail to comply with the laws governing their practice may be subject to disciplinary proceedings, as appropriate.

ACKNOWLEDGMENT SECTION

Alabama State Board of Medical Examiners, Position Statement on the Off-Label Use of Ketamine for the Treatment of Treatment-Resistant Depression in Outpatient Settings, p. 1, https://www.albme.gov/uploads/pdfs/Ketamine_Position_Statement_and_Guidelines.pdf

Alabama State Board of Medical Examiners, Guidelines for the Off-Label use of Ketamine for the Treatment of Treatment-Resistant Depression in Outpatient Settings, pgs. 2-4, https://www.albme.gov/uploads/pdfs/Ketamine_Position_Statement_and_Guidelines.pdf

Arizona State Board of Nursing, Advisory Opinion: Subanesthetic Ketamine Administration, issued November 15, 2025, https://azbn.gov/sites/default/files/AO-Administration-Monitoring-Subanesthetic-IV-Ketamine.pdf

Arizona State Board of Nursing, Position Statement: Advanced Practice Registered Nurses Prescribing Ketamine for Home Administration via Mail Order Pharmacies, revised January

25, 2025, https://azbn.gov/sites/default/files/PS-APRNs-Prescribing-Ketamine-for-Home-Administration-via-Mail-Order-Pharmacies.pdf

Commonwealth of Pennsylvania, Prescribing Guidelines for Pennsylvania: Guidelines for Safe Administration of Low-Dose Ketamine, revised October 7, 2020, www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/opioids/Ketamine%20Guidelines.pdf

Kentucky Board of Nursing, Advisory Opinion Statement: Role of Nurses in the Administration of Subanesthetic Dosing Ketamine for Psychiatric Disorders and Chronic Pain, issued February 2024, https://kbn.ky.gov/KBN%20Documents/aos43-admin-subanesthetic-dosing-ketamine.pdf

Model Policy: Regulation of Off-Label Ketamine Use in Freestanding and Telehealth Clinical Settings

New Mexico Board of Nursing Advisory: Ketamine, A Joint Advisory from New Mexico Boards of Nursing and Medicine, Review by Board of Pharmacy, issued May 11, 2023, https://www.nmmb.state.nm.us/wp-content/uploads/2024/05/ketamine-use-by-licensees-policy-2023-05-11.pdf

Soin, Amal, et al., Ketamine and its Regulatory Implications: A Review, accepted October 17, 2025, http://meridian.allenpress.com/jmr/article-pdf/111/3/41/3547500/i2572-1852-111-3-41.pdf