State of Wisconsin Department of Safety and Professional Services

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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
October 29, 2026

The following agenda describes the issues that the Board 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 Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Approval of Minutes of August 27, 2026 (4-5)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition

E. Administrative Matters – Discussion and Consideration
1. Department, Staff and Board Updates
2. Board Members – Term Expiration Dates
   a. Collins, Clark A. – 7/1/2027
   b. Fischer, Jean M. – 7/1/2027
   c. Holmes-Drammeh, Emelle S. – 7/1/2028
   d. Horness, Keenan M. – 7/1/2029
   e. Jarrett, Jennifer L. – 7/1/2028
   f. Lange, Amanda C. – 7/1/2028
   g. Martin, Cynthia S. – 7/1/2027
   h. Sanders, Robert W. – 7/1/2028
   i. Streit, Tara E. – 7/1/2027
3. **Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest – Update**

F. Credentialing Matters – Discussion and Consideration

G. Administrative Rule Matters – Discussion and Consideration (6-7)
1. General update on other rules
   a. N 1 to 8, Relating to APRNs and Comprehensive Review
   b. Pod 1 and 9, Relating to Supervision of Physician Assistants
2. Pending or Possible Rulemaking Projects

H. Legislative and Policy Matters – Discussion and Consideration

I. Speaking Engagements, Travel, or Public Relation Requests, and Reports

J. Federation of State Medical Board (FSMB) Matters – Discussion and Consideration

K. Controlled Substances Board Update – Discussion and Consideration

L. Physician Assistant Interstate Compact Update – Discussion and Consideration

M. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration (8-15)

1. Ketamine Guidance Document

N. Wisconsin Academy of Physician Assistants – Update

O. Discussion and Consideration of Items Added After Preparation of Agenda:

1. Introductions, Announcements and Recognition
2. Administrative Matters
3. Election of Officers
4. Appointment of Liaisons and Alternates
5. Delegation of Authorities
6. Education and Examination Matters
7. Credentialing Matters
8. Practice Matters
9. Administrative Rule Matters
10. Public Health Emergencies
11. Legislative and Policy Matters
12. Liaison Reports
13. Board Liaison Training and Appointment of Mentors
14. Informational Items
15. Division of Legal Services and Compliance (DLSC) Matters
16. Presentations of Petitions for Summary Suspension
17. Petitions for Designation of Hearing Examiner
18. Presentation of Stipulations, Final Decisions and Orders
19. Presentation of Proposed Final Decisions and Orders
20. Presentation of Interim Orders
21. Petitions for Re-Hearing
22. Petitions for Assessments
23. Petitions to Vacate Orders
24. Requests for Disciplinary Proceeding Presentations
25. Motions
26. Petitions
27. Appearances from Requests Received or Renewed
28. Speaking Engagements, Travel, or Public Relation Requests, and Reports

P. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

Q. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. DLSC Matters

4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions
20. Petitions for Re-Hearing
21. Appearances from Requests Received or Renewed

R. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

S. Open Session Items Noticed Above Not Completed in the Initial Open Session

T. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

U. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

VIRTUAL/TELECONFERENCE

ORAL INTERVIEW OF CANDIDATES FOR LICENSURE

10:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Interview of **Zero** (**0**) (at time of agenda publication) Candidates for Licensure – **Jean Fischer** and **Clark Collins**

NEXT MEETING: DECEMBER 17, 2026

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. 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. Alternatively, reach the Meeting Staff by calling 608-267-7213.

HYBRID (IN-PERSON/VIRTUAL)
PHYSICIAN ASSISTANT
AFFILIATED CREDENTIALING BOARD
MEETING MINUTES
AUGUST 27, 2026

PRESENT: Clark Collins, Emelle Holmes-Drammeh *(Virtual)*, Keenan Horness, Jennifer Jarrett, Amanda Lange *(Virtual)*, Cynthia Martin *(Virtual)*, Tara Streit

ABSENT: Jean Fischer; Robert Sanders

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Tracy Drinkwater, Board Administrative Specialist; and other Department Staff

CALL TO ORDER

Jennifer Jarrett, Chairperson, called the meeting to order at 9:30 a.m. A quorum was confirmed with seven (7) members present.

ADOPTION OF AGENDA

MOTION: Tara Streit moved, seconded by Clark Collins, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 25, 2026

MOTION: Tara Streit moved, seconded by Clark Collins, to approve the Minutes of June 25, 2026, as published. Motion carried unanimously.

2027 BOARD GOALS TO ADDRESS OPIOID ABUSE – REVIEW FOR ADOPTION

MOTION: Tara Streit moved, seconded by Jennifer Jarrett, to adopt the goals to address opioid abuse as presented with the agenda and to delegate the Department to file the Wis. Stat. s. 440.035 Report to the Legislature. Motion carried unanimously.

CLOSED SESSION

MOTION: Tara Streit moved, seconded by Clark Collins, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Jennifer Jarrett, Chairperson read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Clark Collins-yes; Emelle Holmes-Drammeh-yes; Keenan Horness-yes; Jennifer Jarrett-yes; Amanda Lange-yes; Cynthia Martin-yes; and Tara Streit-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:02 a.m.

DLSC MATTERS

Case Closings

23 PAB 003 – J.A.S.

MOTION: Clark Collins moved, seconded by Amanda Lange, to refer DLSC Case 23 PAB 003 against J.A.S. for further proceedings. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Jennifer Jarrett moved, seconded by Cynthia Martin, to reconvene in Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 11:51 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Cynthia Martin moved, seconded by Keenan Horness, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Clark Collins moved, seconded by Tara Streit, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Tara Streit moved, seconded by Jennifer Jarrett, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:52 a.m.

State of Wisconsin
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AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin **Administrative Rules Coordinator**	**10/19/26** 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:

Physician Assistant Affiliated Credentialing Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
10/29/26	☒ Yes ☐ No	**Administrative Rule Matters Discussion and Consideration** 1. Other Rule Updates: a. N 1 to 8, Relating to APRNs and Comprehensive Review b. Pod 1 and 9, Relating to Supervision of Physician Assistants 2. Pending or Possible Rulemaking Projects

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed

Attachments:

1. **Other Rule Updates**

Pending Rule Project Page: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx

11) Authorization

Nilajah D. Hardin — 10/19/26

Signature of person making this request — **Date**

Supervisor (if required) — **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Other Rule Updates (as of 10/19/26):

- **N 1 to 8, Relating to APRNs and Comprehensive Review**
  - **Emergency Rule EmR2607 effective 9/1/26-9/1/28 or when permanent rules take effect, whichever is sooner**
  - **Drafting Permanent Rule at 10/8/26 Meeting**
- **Pod 1 and 9, Relating to Supervision of Physician Assistants**
  - **Chair and Vice Chair of Physician Assistant Affiliated Credentialing Board to appear at the 10/28/26 Podiatry Affiliated Credentialing Board meeting to discuss the rule**

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Paralegal Richanda Turner on behalf of Attorney Renee Parton			**2) Date when request submitted:** 10/22/26 **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: Physician Assistant Affiliated Credentialing Board			
4) Meeting Date: 10/29/26	**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:**	
10) Describe the issue and action that should be addressed: Adoption of Ketamine Guidance Document			
11) Authorization **Signature of person making this request** Richanda Turner			**Date** **10/22/26**
Supervisor (Only required for post agenda deadline items)			**Date**
Executive Director signature (Indicates approval for post agenda deadline items)			**Date**

Directions for including supporting documents:

1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

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.[2] 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)),[3] post-traumatic stress disorder, or severe suicidal ideation.[4] While the FDA has

[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] https://www.forwardhealth.wi.gov/kw/pdf/2024-53.pdf

[3] Major Depressive Disorder that is treatment resistant as defined by the American Psychological Association (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 (APA Dictionary of Psychology (https://dictionary.apa.org) and in alignment with the Diagnostic and Statistical Manual of Mental Disorders).

[4] The FDA approved intranasal esketamine (Spravato®) as a standalone treatment for treatment resistant depression (TDR) 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. accessdata.fda.gov/drugsatfda_docs/label/2025/211243s016lbl.pdf.

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approved ketamine for use in surgical pain management, it has not been approved for 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.

SCOPE OF PRACTICE CONSIDERATIONS

It is unprofessional conduct for any credential holder to provide services outside of their level of competency. If a credential holder does not have education, training and experience regarding treating and diagnosing Major Depressive Disorder and DSM criteria, they must refer these patients to other providers with necessary competence and expertise.

A physician must possess the appropriate education and clinical competence to assess, order/prescribe, administer, and monitor the off-label use of ketamine. Physicians need to continue to monitor current guidance, medical literature, and FDA warnings prior to prescribing off-label use of ketamine.

Any physician who uses telemedicine in the diagnosis and treatment of a patient located in Wisconsin must hold appropriate Wisconsin licensure. Providers are held to the same standards of practice and conduct regardless of whether health care services are provided in person or by telemedicine.[5]

ASSESSMENT AND ORDER

The assessment of the patient shall be documented and include, at a minimum:

- A thorough review of the patient's medical history[6], including relevant cardiovascular disease, psychosis/mania, substance use, interactions with alcohol, opioids, benzodiazepines, and other sedatives, current medications prescribed and identification of any prior ketamine use.
- Assessment of the patient's current symptoms, including any suicidal ideation or TRD as applicable

[5] *See* Wis. Admin. Code §§ Med 24.04-24.05.

[6] Sleep apnea and high Body Mass Index (BMI) should be clinical evaluated prior to any ketamine administration.

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- 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 the patient's airway.
- The benefits of using ketamine versus the risks of other treatments or of not using ketamine it at all. Any consultation should include informed consent for off-label drug orders.
- Treatment recommendations.

The provider must follow the Wisconsin Prescription Drug Monitoring Program (PDMP) requirements before ordering/prescribing ketamine to identify any signs of misuse or diversion.[7]

Before prescribing ketamine in a compounded formulation for at home administration by the patient (sublingual troches, oral lozenges and tablets, etc.) the provider must obtain informed consent that clearly outlines the risks of such formulations and administration outside of a clinical setting. Unlike esketamine (Spravato®), compounded ketamine is not subject to Risk Evaluation and Mitigation Strategy (REMS) and thus presents comparatively increased risks due to varying formulations, dosages, and lack of onsite monitoring.[8] Use of ketamine products without monitoring by an adequately trained health care provider may put patients at risk for serious adverse effects, including excessive sedation, dissociation, changes in vital signs, non-fatal overdoses, bladder toxicity, and substance use disorder.[9, 10] Like all compounded drugs, compounded ketamine products are not approved by the FDA, and have no FDA-approved indications or routes of administration. [11]

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[7] WI PDMP is not required to be reviewed if ketamine is ordered and administered in the clinic. *See* 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. *See* Pai, Sudhakar, et al., *The Off-Label Use of Ketamine: A Challenging Drug Treatment Delivery Model with an Inherently Unfavorable Risk-Benefit Profile*, The Journal of Clinical Pharmacology, 2022, accp1.org/pdfs/documents/publications/policy/JCP-2021-Off-Label-Use-Ketamine-Challenging-Drug-Treatment.pdf

[8] *See* U.S. Centers for Disease Control (CDC) *For Health Officials: Responding to Disruption Events Involving Esketamine and Ketamine*, https://www.cdc.gov/overdose-prevention/media/pdfs/2026/09/26_Ketamine_Factsheet_508c.pdf.

[9] *See* Compounding Risk Alert, *"FDA warns patients and health care providers about potential risks associated with compounded ketamine products, including oral formulations, for the treatment of psychiatric disorders*," 10 October 2023, *U.S. Food and Drug Administration*, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts

[10] *See* CDC guidance, note 10, *supra*.

[11] *See* Compounding Risk Alert, *"FDA alerts health care professionals of potential risks associated with compounded ketamine nasal spray*" 16 February 2022, *U.S. Food and Drug Administration*, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts

Only prescribe such formulations to patients who have undergone a thorough evaluation and for whom the expected benefits outweigh the known risks, including abuse and misuse, psychiatric events, increases in blood pressure, respiratory depression, and lower urinary tract and bladder symptoms.[12] Before prescribing compounded ketamine, prescribers should thoroughly evaluate the available evidence concerning whether compounded ketamine is safer, more effective, or works faster than FDA approved drugs for the condition in question.

Patients prescribed oral ketamine for at-home administration should be educated regarding off-label use and risk, potential side effects, the importance of adhering to prescribed dosages, and how to recognize an emergency. Ensure that the patient has a plan that they can follow to seek emergency medical assistance if necessary.

RECORDS

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.

Patient records must 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

Pursuant to Wis. Stat. § 450.01(3), to 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.[13] 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

[12] *See* Compounding Risk Alert, "*FDA warns patients and health care providers about potential risks associated with compounded ketamine products, including oral formulations, for the treatment of psychiatric disorders*," 10 October 2023, *U.S. Food and Drug Administration*, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts

[13] *See* 21 U.S.C. § 353a(e).

<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. Failure to comply with these standards may result in unsanitary and unsafe conditions for patients,[14] and may result in professional discipline.

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 formulation.[15, 16, 17] 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.

Where a patient has been prescribed ketamine for at-home use (i.e. sublingual troches), the pharmacist should provide consultation to the patient (and their caregivers if applicable) regarding the proper administration of ketamine, potential side effects, and the importance of adhering to prescribed dosages.

ADMINISTRATION

Only a licensed physician, PA, APRN, or RN (via an order from, and under the supervision of a licensed prescriber) with the appropriate training and experience may administer ketamine intravenously, and ketamine should be administered intravenously only in locations with adequate equipment, medication, and qualified personnel available to restore or maintain an airway and stabilize the patient should an emergency arise.

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[14] *See Compounding Risk Alert, "FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions," 25 October 2021, U.S. Food and Drug Administration, https://www.fda.gov/drugs/human-drug-compounding/compounding-risk-alerts*

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

[16] 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)*.

[17] 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*)*.

The standard of professional practice for the intravenous administration of ketamine is the same for both off-label and approved uses.[18] During administration, adequate monitoring of heart rate, blood pressure, respiratory status, and sedation level at regular intervals is mandatory. After administration, the patient must remain under observation until exhibiting stable vitals, normal consciousness, and adequate airway control. The location should have emergency equipment/medication available to stabilize the patient should loss of airway or another adverse event occur.

The patient's post-administration status should be monitored and documented by a qualified practitioner. Discharge decisions should be made by a qualified practitioner, based on established criteria, taking into account the depth of sedation administered and all other clinically relevant factors.[19]. Post administration the patient should have documented goals, periodic measurement of response, adverse-effect surveillance, and criteria for continuation or discontinuation.

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,

[18] 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.

[19] Standards for clinical practice guidelines are established by the American Society of Anesthesiologists

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

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