

**State of Wisconsin Department of Safety
and Professional Services**

4822 Madison Yards Way, PO Box 8366,
Madison, WI 53708-8366



608.266.2112 | 877.617.1565
safety.wi.gov

**Tony Evers, Governor
Dan Hereth, Secretary**

**VIRTUAL/TELECONFERENCE
INTERDISCIPLINARY ADVISORY COMMITTEE
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
October 22, 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 August 26, 2026 (3)

C. Introductions, Announcements and Recognition

D. Reminders: Conflicts of Interest, Scheduling Concerns

E. Administrative Matters – Discussion and Consideration

1. Department, Staff and Board Updates
2. Board Members – Term Expiration Dates
 - 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
 - f. Wilson, Christa M. – Pharmacy Examining Board Representative
3. Alternates
 - a. Jackson, Megan A. – Cosmetology Examining Board Representative
 - b. Kane, Amanda K. – Board of Nursing Representative
 - c. Lange, Amanda C. – Physician Assistant Affiliated Credentialing Board Representative
 - d. Majeed-Haqqi, Lubna – Medical Examining Board Representative
 - e. O'Hagan, Tiffany – Pharmacy Examining Board Representative
 - f. Yu, Emily S. – Medical Examining Board Representative

F. Ketamine Guidance Document – Discussion and Consideration (4-11)

G. Public Comments

ADJOURNMENT

NEXT MEETING: DECEMBER 9, 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.

**VIRTUAL/TELECONFERENCE
INTERDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
AUGUST 26, 2026**

PRESENT: Tina DeGroot, Doug Englebert, Gregory Schmeling, Tara Streit, Christa Wilson

Christa Wilson served as the Pharmacy Examining Board Representative at this meeting.

ABSENT: Alexis Watkins

STAFF: Brad Wojciechowski, Executive Director; Renee Parton, Assistant Deputy Chief Legal; Emily Constantine, Legal Counsel; Tracy Drinkwater, Board Administration Specialist; and other DSPS Staff

CALL TO ORDER

Doug Englebert, Chairperson, called the meeting to order at 9:00 a.m. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Doug Englebert moved, seconded by Christa Wilson, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 25, 2026

MOTION: Doug Englebert moved, seconded by Christa Wilson, to approve the Minutes of June 25, 2026, as published. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 9:29 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 10/9/2026 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: Choose an item. Interdisciplinary Advisory Committee			
4) Meeting Date: 10/22/2026	5) Attachments: ☒ Yes ☐ No	6) How should the item be titled on the agenda page? Ketamine Guidance Document – Discussion and Consideration	
7) Place Item in: ☒ Open Session ☐ Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> ☐ Yes <Appearance Name(s)> ☐ No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed:			
11) Authorization  10/9/2026 Signature of person making this request Date 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 use¹ 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.

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. A review of current guidance and guidelines does not endorse prescribing ketamine for unsupervised at home use. Physicians should continue to monitor guidance 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 history⁶, including current medications prescribed and identification of any prior ketamine use.
- Assessment of the patient's current symptoms, including any suicidal ideation or TRD.

⁵ See Wis. Admin. Code §§ Med 24.04-24.05.

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

- 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 not using it at all. Any consultation should include informed consent for off-label drug orders.
- Treatment recommendations.

The provider should check the Wisconsin Prescription Drug Monitoring Program (PDMP) 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 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 a 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

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

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

⁸See 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>

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 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.

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 <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

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).

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) may administer ketamine intravenously, and ketamine should be administered intravenously only in locations with the equipment and personnel to safely do so.

The standard of professional practice for the intravenous administration of ketamine is the same for both off-label and approved uses.¹⁸ 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 the patient exhibits stable vitals, normal consciousness, and adequate airway control. The location should have

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).

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.

emergency equipment/medication available to stabilize the patient should an adverse event occur.

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>

DRAFT