Federal Officials Investigate Online Ketamine Sellers to Curb At-Home Use

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Betsy McKay, Shalini Ramachandran July 16, 2026

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An at-home ketamine therapy kit. Calla Kessler for WSJ

The federal government is cracking down on companies that provide ketamine for consumers to take at home, as concerns grow about misuse, adverse effects and deaths.

The Drug Enforcement Administration has ongoing multiple investigations into “bad actors” prescribing the powerful mind-altering drug online, according to a person familiar with the probes.

In late June, the Food and Drug Administration sent warning letters to 14 online marketers citing “significant violations” and ordering them to stop selling their ketamine products.

“FDA has identified significant risks associated with unapproved ketamine products, especially in the absence of appropriate medical supervision,” the agency wrote in the letters to

marketers whose websites include ketaminetroches.com and legitketaminesuppliers.com. “The easy availability of unapproved and misbranded ketamine products via the internet puts U.S. consumers at risk for serious adverse events.”

Neither Ketaminetroches.com nor legitketaminesuppliers.com responded to requests for comment.

The moves follow a Wall Street Journal article in March reporting that ketamine use has skyrocketed under loosened pandemic-era regulations, with hundreds of businesses selling the powerful anesthetic for at-home use, often without medical supervision. In some instances, patients have died or harmed others while using the drug.

DEA agents are seeking information from medical experts about whether daily use of ketamine, a controlled substance, and the access telehealth companies provide for patients are medically justified, according to another person familiar with the situation. Ketamine is FDA-approved as an anesthetic but is often prescribed for depression and other mental health conditions off-label, meaning its safety and efficacy haven’t been vetted by the agency for that purpose.

The moves by the DEA and FDA signal the government is moving toward tighter regulation of a booming industry that operates under varying safety standards and regulation so scant that many have called it a Wild West. The FDA and DEA each oversee aspects of regulating ketamine.

The websites targeted by the FDA offer ketamine vials, powders, nasal sprays and “troches”—lozenges that dissolve in the mouth. In its warning letters, the FDA said given its potency and risks, ketamine can be used safely only under the supervision of a licensed practitioner.

Some telehealth companies offer platforms through which patients interact with clinicians who can prescribe ketamine for use at home to treat depression, anxiety and other mental health conditions. Some individual clinicians also prescribe the drug remotely. And some sites appear to offer the drug without a prescription.

The American Society of Anesthesiologists in June flagged the death of a 41 year-old New York woman first reported by the Journal and called on policymakers “to address the fast-growing problem of home delivery of ketamine.”

Many mental-health practitioners and some state governments are increasingly concerned about at-home use of ketamine, which they say has led to overuse and death. The Texas Medical Board has proposed a ban on use at-home or outside a registered medical facility of

injectable forms of ketamine, which it said can lead to sudden complications that require specialized medical intervention. The board has also proposed more requirements and training for prescribing physicians.

The proposed ban on at-home use doesn't apply to ketamine lozenges—the form that telehealth companies generally prescribe. But the Texas medical board has discussed "various forms of administration," according to a spokesperson who added the board will investigate "any complaint regarding the administration of ketamine regardless of the method."

Ketamine is commonly used in hospitals to sedate patients for procedures. It has also long been a street drug known as "K" that can deliver out-of-body experiences. Over the past decade, clinics have popped up offering the pharmaceutical version of ketamine as a psychiatric treatment after some research showed its promise.

At the height of the pandemic in 2020, the federal government temporarily allowed clinicians to prescribe controlled substances, including ketamine, in remote consultations without first meeting a patient in person. That change has been extended several times, and the government is reviewing whether to extend it again when it expires at the end of this year.

Telehealth executives and some patients say that ketamine at home can be life-changing for people who have struggled to find a helpful treatment for their depression. But some clinicians suggest taking the lozenges one to three times a week at doses that can leave a patient impaired the rest of the day, according to some patients and psychiatrists. Telehealth patients say they easily get refills through online message exchanges or by filling out a survey.

"Some companies are using very, very high doses," said Dr. Sandhya Prashad, president of the American Society of Ketamine Physicians, Psychotherapists & Practitioners, and a psychiatrist in Texas. There is no published data showing high doses or microdoses work or are safe as a psychiatric treatment, she said.

State-level regulation of ketamine use is evolving rapidly, and other states are watching Texas, Prashad said. "If you have somebody you have treated in an office, you know exactly how they respond to ketamine and have an ongoing relationship with that patient," she said, adding that in-person treatment allows a clinician to monitor a patient's blood pressure and other signs. Patients who have been treated in-person may sometimes also get ketamine to take at home, she said, but only as part of an active care plan.

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Betsy McKay is a senior writer who covers public health and medicine for The Wall Street Journal. Her stories examine how diseases and public health policies shape and challenge society. She writes about public health institutions, cutting-edge scientific research, and prevention and patient care for heart disease, diabetes, Covid-19, HIV, tuberculosis and other diseases globally.

Betsy also writes about Russia and the impact of the war in Ukraine. A Russian speaker, she joined The Journal in 1996 in Moscow, where she reported on the post-Soviet transformation. She covered the beverage industry, then SARS, flu, Ebola and other epidemics and chronic diseases as a public health reporter in the Atlanta bureau. Betsy served as Atlanta bureau chief for several years before joining The Journal's health and science bureau in New York.

She won a Pulitzer Prize in 1999 for coverage of Russia's financial crisis. She has also won awards for stories on drug-resistant tuberculosis, maternity care in the rural U.S., Covid-19 and other public health issues.

Shalini Ramachandran is an investigative reporter at The Wall Street Journal. She has worked on investigations on a range of topics, including government accountability, environmental justice, corporate malfeasance, organized crime, workplace discrimination, worker safety and healthcare. She is interested in telling stories with broad impact in the public interest. She has deep experience handling confidential documents and working with whistleblowers.

Her investigation in 2023 revealing a large network of toxic lead cables left behind by phone companies triggered multiple federal-agency investigations and led to additional worker protections and some remediation. In 2025, she along with a team of reporters won the WERT Global Prize from Columbia University for stories on the toxic workplace culture at the World Economic Forum, a series that triggered investigations and the ouster of the founder. Her recent reporting has focused on the overprescription of psychotropic drugs in America.

Shalini was a key member of WSJ teams that: won a New York Press Club award and a Society of American Business Editors and Writers (Sabew) award for coverage of cable megamergers; were finalists for the 2019 and 2020 Gerald Loeb awards; and won the Newswomen's Club of New York's 2020 Nellie Bly award for an investigation uncovering failures that marred New York's response to the pandemic. Shalini helped conceive a newsroom project exploring the far-reaching ramifications of the Tulsa Race Massacre; it was a finalist for the 2022 Pulitzer Prize in Explanatory Journalism for "stories that vividly reconstructed the 1921 Tulsa Race Massacre and illuminated its enduring effects, describing how the destruction of Black wealth and property burdened future generations," according to the judges.

Prior to joining the investigations team in 2020, she covered corporate culture and the TV and broadband industry for more than seven years. Shalini went to Emory University in Atlanta and Oxford University in England and graduated with bachelor's and master's degrees in English. She joined the Journal as an intern in 2011.

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