A good many cattle producers may yet be unfamiliar with the term. Even if they have heard of a “Veterinary Feed Directive” (VFD), some may not know how or if the federal government’s new VFD-related regulations will affect their operations. Even if they’ve heard that the VFD rule restricts the use of certain feed-grade animal health products, some cow-calf producers and stocker operators may think it’s only of concern to pork and poultry producers, and maybe cattle feeders. Not so. Cattle producers of every stripe will be affected when the new VFD rule becomes effective Jan. 1, 2017.

The Food and Drug Administration (FDA) published its final rule for the Veterinary Feed Directive in June. Mike Apley, a veterinarian and professor at Kansas State University’s College of Veterinary Medicine, had been expecting it. For a couple of years, he has been telling various livestock producer groups that political pressure to curb antibiotic use in food animal production would result in tighter regulation.

Apley spoke to National Cattlemen’s Beef Association (NCBA) members again recently, during the Cattle Industry Summer Conference in Denver, to explain how the new VFD rule applies to cattle operations.

According to Apley, a Veterinary Feed Directive is a written statement, issued by a licensed veterinarian, that authorizes a client to obtain and use a VFD drug or combination of such drugs in or on animal feed for the purpose of treating the client’s animals. A VFD can be written for the use of a medicated feed as long as the animals and operation are under the supervision of the veterinarian and in the course of the veterinarian’s professional practice.

**Must be a relationship**

“The rule emphasizes the need for a veterinary client-patient relationship,” said Apley, noting that most states have statutes that specifically define that relationship.

Generally speaking, a veterinary patient-client relationship exists when a veterinarian is familiar with the client’s operation as a result of making periodic visits. Thereby, the veterinarian has sufficient knowledge of the operation to assume responsibility for making preliminary diagnoses and judgments regarding treatment of animals.

“The veterinarian does not necessarily have to diagnose each individual animal in need of treatment, or each pen of animals, but the veterinarian-client relationship must exist,” added Apley. “You can’t just stop by a clinic, pay for an office call and get a VFD.”

The rule eliminates over-the-counter (OTC) sales of certain antimicrobials — products that many cattle producers may be accustomed to buying from a local feed store to mix with feed or mineral supplement. A VFD would be required to purchase ready-made feeds or mineral supplements that already contain antimicrobials ruled to be “VFD drugs.” Specifically, these are antimicrobials which the FDA has deemed “medically important” because similar drugs are used for medical treatment of humans. The purchase and use of all such products in feed will have to be authorized by a veterinarian through the issue of a VFD.

Apley said producers need to understand that a VFD is different than a prescription. Feed stores will be allowed to sell medicated feeds containing VFD drugs to customers who have obtained a VFD from a veterinarian. However, VFD drugs and feeds containing VFD drugs must be used for purposes and according to directions specified on the product label. No extra-label use of VFD drugs will be permitted — not even by a veterinarian.

**Drug changes**

Different regulations apply to antimicrobials delivered through drinking water. Apley said all antibiotics used to medicate water require a prescription. The prescribing veterinarian can authorize...
extra-label use of those products, as well as injectable antibiotics available by prescription only.

The VFD rule does not apply to injectable antibiotics currently sold over the counter, such as injectable penicillin G and oxytetracycline. They will be available as before, but Apley thinks that may eventually change.

Feed-grade products for which OTC purchases will halt after 2016 and for which use will require a VFD order include the following:

- neomycin,
- tylosin,
- virginiamycin,
- chlortetracycline, and
- oxytetracycline.

This will change some relatively common cow-country practices. For example, medicated milk replacer products often contain both neomycin and oxytetracycline, so cow-calf producers accustomed to feeding calves a medicated milk replacer will have to obtain a VFD to purchase such products. As a consequence, Apley suspects milk replacers containing low levels of antibiotics are likely to disappear from the market.

No longer will cattle producers be able to purchase chlortetracycline (CTC) to mix with range mineral as treatment for an outbreak of footrot or pinkeye. Using CTC for treatment of either of those maladies would constitute an extra-label use of the drug and will be illegal, so no VFD could be issued. However, adding CTC to feed is approved for the treatment of anaplasmosis or for treatment of bovine respiratory disease. A veterinarian will be able to issue a VFD for either purpose. Similarly, the feeding of tylosin to cattle to reduce the incidence of liver abscesses is an approved use of the drug and will be allowed with the issue of a VFD.

Technically, ionophores such as Rumensin® are classified as antibiotics. However, they are not considered medically important and no VFD will be required for their purchase and use. Apley said Rumensin fed concurrently with tylosin will require a VFD because tylosin is a VFD drug. Whenever a feed contains one or more VFD drugs, a VFD will be required.

Producers should know that affected products purchased prior to but still in inventory when the VFD rule becomes effective cannot be used legally without obtaining a VFD. If, after the new regulations go into effect, a producer purchases medicated feed or range mineral with a valid VFD but has leftover product when the VFD expires, a new VFD authorizing use of the remaining product must be obtained.

Making it work

According to Apley, a “written” VFD will include those transmitted electronically, by fax or email, but a VFD cannot be communicated by telephone. To be valid, a VFD must include the names, addresses and telephone numbers of the veterinarian and the client, along with the species and number of animals to be treated and their location. A premise identification number can be used but is not mandatory. “A VFD can be written for a specific number of animals or a maximum number of animals,” explained Apley. “If cattle are in different locations or may be moved to different locations, such as different pastures, a central address can be used with the location of pastures documented.”

Apley also noted that clients seeking treatment for cattle located in more than one state will have to obtain a VFD from a veterinarian licensed in the state where a specific group of cattle is located.

A valid VFD also must show the name of the drug or drugs authorized, approved indications for use, feeding directions and drug withdrawal times. It must specify the level of VFD drug in the feed and the duration of use — that period of time that it may be fed to the animals. Apley said the “duration of use” must comply with approved label directions and should not be confused with a VFD expiration date. Every VFD will have an expiration date set by the authorizing veterinarian that specifies the period of time during which a client may obtain the VFD drug. However, the maximum period allowed will be six months.

The veterinarian authorizing a VFD order must provide a copy — either a hard copy or an electronic copy — to the client and to the provider or distributor of a feed medicated with affected drugs. The veterinarian retains the original form. All parties are required to keep their respective copies of a VFD order for two years.

While the VFD rule does not provide for submission of VFD orders for storage in a central database, the records of all parties are subject to inspection by the FDA.

“I don’t think any black helicopters are going to be circling overhead, but there could be inspections and consequences to pay if violations are found. If an invalid VFD is written by a veterinarian, that veterinarian is liable. If a valid VFD is written and a producer has used it inappropriately, that producer is liable,” said Apley. “If cattle have been placed in a custom feedyard (or in the care of some other entity or person providing custom care), liability for inappropriate use of a VFD lies with the caretaker and not the cattle owner.”

According to Apley, the new VFD rule purposely places the burden of oversight of affected drugs with veterinarians. It tasks veterinarians with careful consideration of microbial resistance and the preservation of efficacy of their use for some applications over others, and likely will result in exploration of non-antibiotic alternatives.

“We’ve got less than a year and a half before this goes into effect, and the veterinary community is gearing up,” said Apley, urging cattle producers to do the same. “If it doesn’t already exist, they should start by establishing the veterinary client-patient relationship.”

Apley advises producers seeking further details regarding the VFD rule to read FDA’s Guidance for Industry 120, “Veterinary Feed Directive Regulation Questions and Answers,” and consult with their veterinarian.

Editor’s Note: Troy Smith is a freelance writer and cattlemen from Sargent, Neb.