

# VFD FACTS

## DEADLINE NEARS FOR NEW ANTIBIOTIC-USE LAW

If you don't know what the VFD is or what it means for your operation, don't feel bad. A favorite question of mine to producers I've visited with this past year is how the Veterinary Feed Directive will affect their businesses. There have been more than a few mumbled responses.

Truth is, some really big stockers and cow/calf producers told me they aren't 100% sure what the VFD is or how it will impact their farms. When we do talk about the VFD, and the VCPR (veterinarian-client-patient relationship), I am reminded there's nothing like acronym soup to put you to sleep.

Generally, we wind up sermonizing about how this is just one more example of government overreach. True, but at the end of the year, all the talking and government-cussing in the world won't change this thing. So with a goal of keeping this short and simple, here's what you absolutely must know about the VFD.



1. When the VFD Starts. Jan. 1, 2017, many medicated feeds, minerals and feed additives that have been available over the counter will require a VFD order. In addition, a number of water-soluble drugs previously sold over the counter will require a prescription.

2. Who Is Affected. Pretty much anyone who raises livestock is going to be impacted by the VFD at some point. Within the cattle industry, that would mean cow/calf producers, stockers, feedlot operators, drug distributors, retail establishments and veterinarians.

3. How This Works. To receive a VFD, producers will first need to have an established VCPR. At its simplest, it means you have a herd veterinarian of record who has, in fact, seen your animals and can make a well-informed decision regarding the necessity of use of certain drugs, be they in feed, water or minerals. Your veterinarian will write VFD orders, or a prescription, allowing you to purchase and use the necessary antimicrobials. You must have a signed and written order to make the purchase. Electronic orders are acceptable; verbal orders are not. The veterinarian will retain a copy of the order and give the client the original. Producers need to keep copies of VFD orders for at least

two years and may be asked to provide copies of these orders to FDA inspectors to review if requested.

4. "Where" defines VCPR. Depending on your state, a VCPR will be defined by your state government or the federal government. At press time, the FDA listed states expected to use the federal definition of a VCPR as follows: Alabama, Alaska, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Kansas, Maryland, Massachusetts, Michigan, Montana, New Jersey, New York, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington and Wisconsin. By federal definition, a VCPR contains these elements: The veterinarian engages with the client (i.e., the animal producer) to assume responsibility for making clinical judgments about patient (i.e., animal) health; the veterinarian has sufficient knowledge of the patient by virtue of patient examination and/or visits to the facility where the patient is managed, and he or she provides for any necessary follow-up evaluation or care.

5. Which Drugs Are Included. Which drugs are transitioning from over the counter to VFD status? The FDA website lists the following drugs and/or combinations: chlortetracycline, chlortetracycline/sulfamethazine, chlortetracycline/sulfamethazine/penicillin, Hygromycin B, lincomycin, oxytetracycline, oxytetracycline/neomycin, penicillin, sulfadimethoxine/ormetoprim, tylosin, tylosin/sulfamethazine and virginiamycin. Current VFD drugs include avilamycin, florfenicol and tilmicosin.

Water-soluble drugs transitioning from over the counter to prescription status include: chlortetracycline, erythromycin, gentamicin, lincomycin, lincomycin/spectinomycin, neomycin, oxytetracycline, penicillin, spectinomycin, sulfadimethoxine, sulfamethazine, sulfquinolone and tetracycline. Water-soluble drugs already only available by prescription include tylosin. This list is likely to change, and updates are expected. For more information, visit the FDA website at [www.fda.gov](http://www.fda.gov).

6. The Big Question. Having heard worries there might not be enough large animal veterinarians in some rural areas, I asked Dr. Gatz Riddell to weigh in on the question. He is a veterinarian and executive vice president of the American Association of Bovine Practitioners. Dr. Riddell told me he thinks all producers will have had opportunities to establish VCPRs prior to the end of the year.

For anyone having trouble finding a vet, state veterinary associations, other local livestock producers, county agents and even your state beef specialists will be excellent resources. When contacting a veterinarian for the purpose of establishing a VCPR, Dr. Riddell recommends having a list of any feed-grade antibiotics used within the last year or two to allow for a good discussion as to the health-care needs of affected livestock.

One thing Dr. Riddell stressed that needs repeating: It's important everyone understand that acquiring emergency service for a sick animal and establishing a VCPR, or getting a VFD order are different situations. Adequate prior planning and communication should ensure no animal will suffer or be denied medical treatment because a VCPR hasn't been established.