Veterinary Feed Directive

Issue

In 2015, the Food and Drug Administration (FDA) issued its Veterinary Feed Directive (VFD) final rule. The final rule mandates certain feed administered antimicrobials (antibiotics) be prescribed by a veterinarian after December 31, 2016. With the changes, farmers must have been prescribed the antibiotic by the veterinarian with whom they have established a veterinarian-client relationship. The veterinarian must have examined the animals within one year of the request. With the final rule in place, are there needs the industry should meet before farmers are subjected to these new regulations?

Background

In 1996 Congress enacted the Animal Drug Availability Act (ADAA) to facilitate the approval and marketing of new animal drugs and medicated feeds. As part of the ADAA, Congress recognized that certain new animal drugs intended for use in animal feed should only be administered under a veterinarian's order and professional supervision. The intent was to provide controls over certain drugs to prevent overuse and bacterial resistance.

In June, 2015 FDA revised the VFD regulations to bring the use of certain drugs under veterinary supervision. This applies to drugs only used in animal feeds. The following list of drugs are considered VFD drugs:

<table>
<thead>
<tr>
<th>Established drug name</th>
<th>Examples of proprietary drug name(s)</th>
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<tbody>
<tr>
<td>chlortetracycline (CTC)</td>
<td>Aureomycin, CLTC, CTC, Chloratet, Chlorachel, ChlorMax, Chlortetracycline, Deracin, Inchlor, Pennchlor, Pfichlor</td>
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<tr>
<td>chlortetracycline/sulfamethazine</td>
<td>Aureo S, Aureomix S, Pennchlor S</td>
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<td>chlortetracycline/sulfamethazine/penicillin</td>
<td>Aureomix 500, Chlorachel/Pficlor SP, Pennchlor SP, ChlorMax SP</td>
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Veterinarians prescribing VFD drugs to producers must have a veterinarian-client-patient-relationship. The rule requires certain elements regarding this relationship. The veterinarian must engage with the producer to assume responsibility for making clinical judgments about health of the animal(s), have sufficient knowledge of the animal(s) by virtue of examination and/or visits to the farm where the animal(s) are located, and provide for any necessary follow-up evaluation or care.

The rule also requires veterinarians to follow state-defined veterinarian-client-patient-relationship requirements. Tennessee law defines a veterinarian-client-patient-relationship as:

A. The veterinarian has assumed responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, has obtained informed consent, and the client has agreed to follow the veterinarian’s instructions;
B. The veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal;
C. The veterinarian has seen the animal within the last twelve months or is personally acquainted with the keeping and care of the animal, either by virtue of an examination of the animal or by medically appropriate visits to the premises where the animal is maintained within the last twelve months;
D. The veterinarian is readily available or has arranged for emergency coverage for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen;
E. The veterinarian must maintain medical records as required by the board of veterinary medical examiners; and
F. The veterinarian-client-patient relationship cannot be established or maintained solely by telephone or other electronic means

Extra label use will not be allowed under the VFD rule. Being historically an over the counter drug, farmers have used VFD drugs for off-label use. For example, chlortetracycline has commonly been used in feed by producers for treatment or prevention of pink eye. Chlortetracycline is not labeled for pink eye therefore a veterinarian cannot prescribe that drug to treat that condition. Also, many of the VFD drugs are not labeled for small animals such as sheep or goats. If a label does not include use for certain animals, then a veterinarian cannot prescribe those drugs for use in feed.

Questions:

1. Do you believe there are enough veterinarians in your area to meet the needs of producers who will have to adhere to VFD standards?
2. What are specific problems the VFD will present in your region?
3. Do you believe pharmaceutical retailers in your area have systems in place to properly facilitate sales?
4. Will your operation be directly affected by the VFD?

Farm Bureau Policy:

Food Safety (Partial)

We encourage USDA, the news media and consumers to recognize a zero-tolerance standard for presence of bacteria in meats is not feasible, at least with currently approved technology. We support FDA approval of available technologies that significantly reduce the presence of microbial pathogens in meat. We also support efforts to develop new methods of reducing pathogens in meat.