



# What is expected on a Veterinary Feed Directive?

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WISCONSIN AGRIBUSINESS CLASSIC - JANUARY 2018

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## Quick Reminders

### Veterinary Feed Directive

- Drug – used to treat or cure disease under veterinary oversight
- Document – written proof of veterinarian permission for producer to use VFD drug

Key principle is to include veterinarian in decision-making process

Changes over the counter drugs to Rx or VFD

Not a prescription – very limited in how to use



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# Filling Out the VFD Order

## It goes without saying...

Vet is the only one who can write a VFD order authorizing a producer to feed a VFD feed to animals

- VFD order from scratch – all added by hand
- VFD order from a drug sponsor created form (commonly partially filled out – yellow boxes)
- VFD order from a electronic software (commonly partially filled out – yellow boxes)

(Blue box is the one thing never pre-completed)

**Drug-specific pre-populated information**

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Business or home: \_\_\_\_\_  
 Fax or cell (optional): \_\_\_\_\_ Home: \_\_\_\_\_  
 Fax or cell (optional): \_\_\_\_\_

Drug(s) name: \_\_\_\_\_ Drug(s) level: \_\_\_\_\_ (plm) Duration of use: \_\_\_\_\_  
 Species and Production class: \_\_\_\_\_ Number of animals (total): \_\_\_\_\_ (animal's name(s) optional) \_\_\_\_\_  
 Indications for use in animals: \_\_\_\_\_  
 TABLE (refer to the National Formulary) \_\_\_\_\_  
**USE OF FEED CONTAINS THE APPROVED FEED DRUG(S) AND DRUG(S) AS A MARKER OTHER THAN AS DIRECTED IN THE LABELING INFORMATION AND IS NOT PROHIBITED**

Approximate Number of Animals: \_\_\_\_\_  
 Species: \_\_\_\_\_  
 Use (indicate use, as well as usual): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**Affirmation of label/combination VFD Drug(s) (check one box)**  
(For the drug(s) and their use as approved in a combination, only the label information statement must be included in the VFD.)  
 This VFD only authorizes the use of the VFD drug(s) cited in this order and is not intended to authorize the use of such drug(s) in combination with any other animal drug(s).  
 This VFD authorizes the use of the VFD drug(s) cited in this order in the following FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component:  

Drug(s)	Drug Level(s) and any Special Instructions

This VFD authorizes the use of the VFD drug(s) cited in this order in any FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component.

Withdraw Time (if any) This VFD Feed must be withdrawn \_\_\_\_\_ days prior to slaughter

VFD Date of Issuance: \_\_\_\_\_ (month/year) VFD Expiration Date: \_\_\_\_\_ (month/year) (do not enter in the space) (2000 = end of month, 00 = missing)

Veterinarian's Signature: \_\_\_\_\_

All parties must retain a copy of this VFD for 2 years from the date of issuance.

# Self-explanatory....

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

# Drug information

**Veterinary Feed Directive**

Drug(s) Name: \_\_\_\_\_ Drug(s) Level: \_\_\_\_\_ gton Duration of use: \_\_\_\_\_

These 3 fields drive the most of the transaction at the feed mill

## Drug name

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Indicate in one of three ways:

Drug Name: Chlortetracycline -> Feed mill can use any CTC source to manufacture.

Drug Name: Aureo (CTC) -> If vet specifies substitution not allowed, feed mill must use Aureo.  
If vet *does not specify* substitution not allowed, feed mill may use any CTC source.

Drug Name: Aureomycin -> If vet specifies substitution not allowed, feed mill must use Aureo.  
If vet *does not specify* substitution not allowed, feed mill may use any CTC source.

## Drug Substitution

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Viable options:

A checkbox below the drug information line:

Drug product substitution is not allowed

Or write it under Special Instructions:

**Special Instructions (if any):** *Drug product substitution is not allowed*

## Drug level

Required to indicate the Type C medicated feed drug level on the VFD

- Can be used to obtain a Type B medicated feed, where producer will dilute to Type C

Rely heavily on the Blue Bird labels, especially where the grams/ton drug level is not specified in the code of federal regulations (CFR)

## Anaplasmosis example

<b>Chlortetracycline</b> <b>350 mg/hd/day</b>	<b>Beef cattle (under 700 lb): For control of active infection of anaplasmosis caused by <i>A. marginale</i> susceptible to chlortetracycline.</b>	<b>Withdraw 48 hours prior to slaughter. To sponsor No. 054771 under NADA 046-699: 48-hour withdrawal time. To sponsor No. 054771 under NADA 048-761 and No. 069254 under ANADA 200-510: zero withdrawal time.</b>
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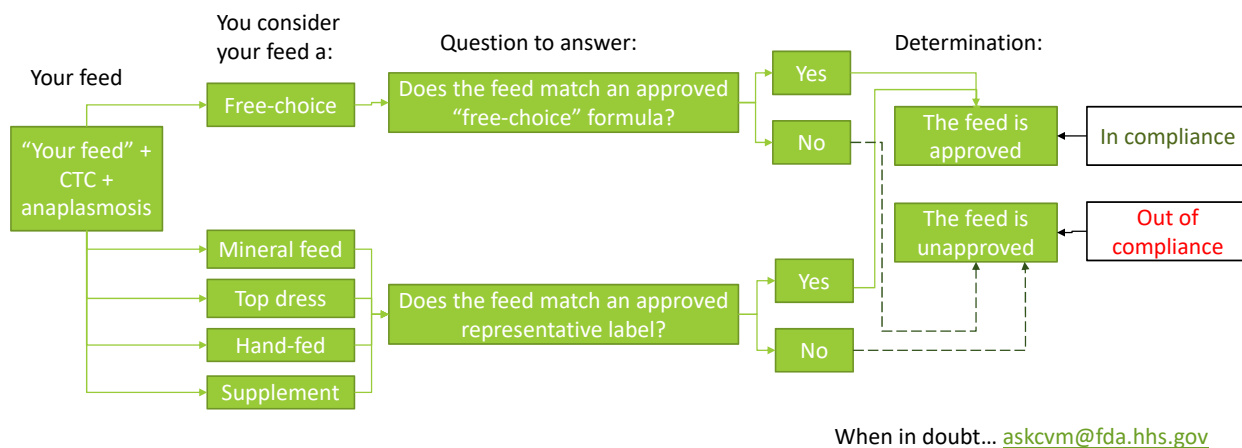
No approved level of CTC for this drug/indication, only a delivery rate. Refer to the bottom of the blue bird label:

Drug level in feed		mg CTC/ head/day	**Lbs feed/ head/day
mg/lb	g/ton		
175.0	350.0	350	2
70.0	140.0	350	5
43.75	87.5	350	8
35.0	70.0	350	10
25.0	50.0	350	14



<sup>a</sup>Aureomycin® is the proprietary name of chlortetracycline Type A medicated article (NADA 048-761).

## In other words...



## Duration of use

A separate concept from the expiration date

The length of time that the animal feed containing the VFD drug is allowed to be fed to the animals

Established as part of the approval, conditional approval, or index listing process

# Duration of Use

Required

Shall reflect what is approved and on the appropriate Blue Bird

Label says...	VFD will say...
Continuously	Continuously
Number of days (e.g. 5 days)	5 days
Range of days (e.g. 21 – 42 days)	42 days

For a medicated feed to be fed a range of days, the veterinarian shall include a special instruction to the effect of “Feeding may be discontinued after 21 days, but prior to 42 days when no symptoms have been observed for [X] days.”

**!REMINDER: Do not confuse DURATION with VFD EXPIRATION DATE!**

# Species and Production Class

Required field

Write exactly as approved and specified on the Blue Bird

Reference Appendix III to Guidance for Industry (GFI) #191, “Changes to Approved NADAs<sup>1</sup> – New NADAs vs. Category II Supplemental NADAs”

- Explains how FDA defines classes of animals

Species and Production class: \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax or email address: \_\_\_\_\_

Drug Name: \_\_\_\_\_ Drug Lot: \_\_\_\_\_  
 Species and Production Class: \_\_\_\_\_ Number of animals: \_\_\_\_\_  
 Intended for use in: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) IS A FEDERAL ORDER THAT IS SUBJECT TO THE VETERINARY FEED DIRECTIVE LAW (21 USC 360ccc).**

Approval Number of Animal: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 How supplied: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**Administration of certain combination VFDs (check one box):**  
 This VFD only authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of such drug(s) in combination with any other animal drug.  
 This VFD authorizes the use of the VFD drug(s) listed in this order in the following FDA-approved, conditionally approved, or indirect combination(s) in medicated feed that contains the VFD drug(s) as a component:  
 \_\_\_\_\_  
 \_\_\_\_\_

This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or indirect combination(s) in medicated feed that contains the VFD drug(s) as a component.

**Release:** See if any. This VFD has not been released. \_\_\_\_\_  
 VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_  
 Veterinarian Signature: \_\_\_\_\_

<sup>1</sup>NADA = New Animal Drug Application

# Refills (Reorders)

Only permitted to be authorized by vets if the drug approval, conditional approval, or index listing expressly permits a refill (or reorder)

If a label is silent on refills, a refill may not be authorized

Currently, there are no approved VFD drugs that allow refills or reorders as a condition of their approval, conditional approval, or index listing

Conditions of refills are not yet specified as there is no drug approved for refill/reorder

Number of reorders (refills) authorized (if permitted by the drug approval): \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Label: \_\_\_\_\_ (Date of last approval)

Species and Production Use: \_\_\_\_\_ **Number of refills (refills) authorized:** \_\_\_\_\_

Indications for use (as approved): \_\_\_\_\_

Caution (enter only relevant text): \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) FORM IS A STANDARD FORM THAT IS APPLICABLE TO THE VETERINARY FEED DIRECTIVE (VFD) AS PER 21 CFR 314.61(b)(2)(ii).**

Approval Number (if available): \_\_\_\_\_  
 Product: \_\_\_\_\_  
 Other Identification (e.g., age, weight, sex): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**Attention: If you have the combination VFD-Drug(s) check one box!**  
 This VFD authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of each drug(s) combination with any other animal drug.  
 This VFD authorizes the use of the VFD drug(s) listed in this order in the following FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_  
 Veterinarian's Signature: \_\_\_\_\_

# Indications for use

Indications for use are required to be written exactly as approved

Example, "For control of swine dysentery and the control of porcine proliferative enteropathies (ileitis) caused by *Lawsonia intracellularis*."

Indications for use (as approved): \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Label: \_\_\_\_\_ (Date of last approval)

Species and Production Use: \_\_\_\_\_

**Number of refills (refills) authorized:** \_\_\_\_\_

**Indications for use (as approved):** \_\_\_\_\_

Caution (enter only relevant text): \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) FORM IS A STANDARD FORM THAT IS APPLICABLE TO THE VETERINARY FEED DIRECTIVE (VFD) AS PER 21 CFR 314.61(b)(2)(ii).**

Approval Number (if available): \_\_\_\_\_  
 Product: \_\_\_\_\_  
 Other Identification (e.g., age, weight, sex): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**Attention: If you have the combination VFD-Drug(s) check one box!**  
 This VFD authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of each drug(s) combination with any other animal drug.  
 This VFD authorizes the use of the VFD drug(s) listed in this order in the following FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_  
 Veterinarian's Signature: \_\_\_\_\_



# Cautions

Cautions are required to be written exactly as identified on the VFD drug label or the Blue Bird

Caution (related to this medicated feed, if any): \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Lot #: \_\_\_\_\_ Date: \_\_\_\_\_ Station # if any: \_\_\_\_\_  
 Species and Production Class: \_\_\_\_\_ Number of animals (N/A) admitted: \_\_\_\_\_ Number to be fed (optional): \_\_\_\_\_  
 Indications to use in: \_\_\_\_\_  
 Caution (related to this medicated feed, if any): \_\_\_\_\_  
**USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS DIRECTED ON THE LABELING (EXTRALABEL USE) IS NOT PERMITTED**

Approximate Number of Animals: \_\_\_\_\_  
 Product: \_\_\_\_\_  
 Other Identification (e.g., age, weight, sex): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**Attribution of use when the combination VFD-Drug(s) is used:**  
 (1) This VFD only authorizes the use of this VFD drug(s) when used in the manner and in the amount specified in this VFD. It does not authorize the use of such drug(s) in combination with any other animal drug.  
 (2) This VFD authorizes the use of the VFD drug(s) listed in the order in the following FDA-approved, conditionally approved, or labeled combination(s) in medicated feed that contains the VFD drug(s) as a component:  
 (Name) \_\_\_\_\_ (Drug) \_\_\_\_\_  
 (Name) \_\_\_\_\_ (Drug) \_\_\_\_\_

(3) This VFD authorizes the use of the VFD drug(s) listed in the order in any FDA-approved, conditionally approved, or labeled combination(s) in medicated feed that contains the VFD drug(s) as a component.  
 (Name) \_\_\_\_\_ (Drug) \_\_\_\_\_

VFD Date of Issuance: \_\_\_\_\_ Issued/Revised: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_ Rechecked/Re-issued (in order to be legal, use only if a date is shown): \_\_\_\_\_  
 Veterinarian's Signature: \_\_\_\_\_  
 (Signature not valid if any of the VFD is typed over the text of document)

# VFD Statement

No requirement to use a specific VFD form  
Provided all components present, a vet can develop his/her own form  
Either way, the statement MUST be on the VFD order:

**USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS DIRECTED ON THE LABELING (EXTRALABEL USE) IS NOT PERMITTED**

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Lot #: \_\_\_\_\_ Date: \_\_\_\_\_ Station # if any: \_\_\_\_\_  
 Species and Production Class: \_\_\_\_\_ Number of animals (N/A) admitted: \_\_\_\_\_ Number to be fed (optional): \_\_\_\_\_  
 Indications to use in: \_\_\_\_\_  
 Caution (related to this medicated feed, if any): \_\_\_\_\_  
**USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS DIRECTED ON THE LABELING (EXTRALABEL USE) IS NOT PERMITTED**

Approximate Number of Animals: \_\_\_\_\_  
 Product: \_\_\_\_\_  
 Other Identification (e.g., age, weight, sex): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**Attribution of use when the combination VFD-Drug(s) is used:**  
 (1) This VFD only authorizes the use of this VFD drug(s) when used in the manner and in the amount specified in this VFD. It does not authorize the use of such drug(s) in combination with any other animal drug.  
 (2) This VFD authorizes the use of the VFD drug(s) listed in the order in the following FDA-approved, conditionally approved, or labeled combination(s) in medicated feed that contains the VFD drug(s) as a component:  
 (Name) \_\_\_\_\_ (Drug) \_\_\_\_\_  
 (Name) \_\_\_\_\_ (Drug) \_\_\_\_\_

(3) This VFD authorizes the use of the VFD drug(s) listed in the order in any FDA-approved, conditionally approved, or labeled combination(s) in medicated feed that contains the VFD drug(s) as a component.  
 (Name) \_\_\_\_\_ (Drug) \_\_\_\_\_

VFD Date of Issuance: \_\_\_\_\_ Issued/Revised: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_ Rechecked/Re-issued (in order to be legal, use only if a date is shown): \_\_\_\_\_  
 Veterinarian's Signature: \_\_\_\_\_  
 (Signature not valid if any of the VFD is typed over the text of document)

# Animal Quantity

Old regs had this as the amount of feed to be fed

Now required to be the potential number of animals of the species and production class on the VFD that will be fed the VFD feed at the specified premises by the expiration date

- Can include successive groups of animals that move through the operation before the VFD expires
- Feeding situations – continuously, or for specific duration. When continuous, all can be fed the entire time up to the expiration date. When limited to [X] days, one group of animals can be fed [X] days ONLY ONCE up to the expiration date

Approximate Number of Animals: \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Lot(s): \_\_\_\_\_ Date: \_\_\_\_\_ Station of use: \_\_\_\_\_  
 Species and Production Class: \_\_\_\_\_ Number of animals (public submitted) (optional - to be leg. signed): \_\_\_\_\_  
 Intention to use in: \_\_\_\_\_  
 Duration (enter in whole and tenths): \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) APPLIES IN A MANNER OTHER THAN AS PERMITTED BY THE LABELING OF THE FEED. USE AS PERMITTED.**

**Approximate Number of Animals:** \_\_\_\_\_  
 Premises: \_\_\_\_\_  
 Date (indicate day, mo, year): \_\_\_\_\_

**Special Instructions (if any):** \_\_\_\_\_

**Authorization of use (for combination VFDs) (check one box):**  
 This VFD authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of each drug(s) in combination with any other animal drug.  
 This VFD authorizes the use of the VFD drug(s) listed in this order in the following FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component:  
 Brand: \_\_\_\_\_  
 Drug(s) and/or Medication(s): \_\_\_\_\_

This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component.  
 Withdrawal Time (day, This VFD Feed must be withdrawn \_\_\_\_\_ Day (s) to (s) (day(s))

VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_ (indicate/enter in order to be signed, enter month & year)  
 Veterinarian's Signature: \_\_\_\_\_  
 Signature (not used if leg. signed) \_\_\_\_\_

# Premise

Required

The physical location of the animals - be descriptive enough to allow someone to locate the animals (e.g. the street address, GPS coordinate, etc.)

One VFD can cover multiple premises, provided the same management cares for the animals at all premises covered

Optional to include more info that specifically identifies location

Premises: \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Lot(s): \_\_\_\_\_ Date: \_\_\_\_\_ Station of use: \_\_\_\_\_  
 Species and Production Class: \_\_\_\_\_ Number of animals (public submitted) (optional - to be leg. signed): \_\_\_\_\_  
 Intention to use in: \_\_\_\_\_  
 Duration (enter in whole and tenths): \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) APPLIES IN A MANNER OTHER THAN AS PERMITTED BY THE LABELING OF THE FEED. USE AS PERMITTED.**

**Premises:** \_\_\_\_\_  
 Date (indicate day, mo, year): \_\_\_\_\_

**Special Instructions (if any):** \_\_\_\_\_

**Authorization of use (for combination VFDs) (check one box):**  
 This VFD authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of each drug(s) in combination with any other animal drug.  
 This VFD authorizes the use of the VFD drug(s) listed in this order in the following FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component:  
 Brand: \_\_\_\_\_  
 Drug(s) and/or Medication(s): \_\_\_\_\_

This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or labeled combination(s) in medication feed that contains the VFD drug(s) as a component.  
 Withdrawal Time (day, This VFD Feed must be withdrawn \_\_\_\_\_ Day (s) to (s) (day(s))

VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_ (indicate/enter in order to be signed, enter month & year)  
 Veterinarian's Signature: \_\_\_\_\_  
 Signature (not used if leg. signed) \_\_\_\_\_

# Other identification (OPTIONAL)

Be even more specific (e.g. site, pen, barn, stall or tank)

Include the approx. age or weight range of the animals, etc.

Other identification (eg, age, weight) (optional): \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Level: \_\_\_\_\_ (per \_\_\_\_\_) Duration of use: \_\_\_\_\_  
 Species and Production Class: \_\_\_\_\_ Number of animals (adults) submitted (if different, list by species): \_\_\_\_\_  
 Indications for use: as directed \_\_\_\_\_  
 Guidance (owner to be retained for use): \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) MUST BE A PHYSICIAN ORDER. THERE ARE PENALTIES ON THE LABELING, RECALLABILITY, USE, OR NON-USE OF THIS VFD.**

Approximate Number of Animals: \_\_\_\_\_  
 Species: \_\_\_\_\_  
**Other identification (eg, age, weight) (optional):** \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This VFD only authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of each drug(s) in combination with any other animal drug.

This VFD authorizes the use of the VFD drug(s) listed in this order in the following FDA-approved, conditionally approved, or investigational combination(s) in medicated feed that contains the VFD drug(s) as a component:

Drug(s)	FDA-Approved and/or Investigational

This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or investigational combination(s) in medicated feed that contains the VFD drug(s) as a component.

Withdrawal: See label. This VFD feed must be withdrawn \_\_\_\_\_ days (prior to slaughter).

VFD Date of Issuance: \_\_\_\_\_ Reauthorization VFD Expiration Date: \_\_\_\_\_ Reauthorized in another jurisdiction: \_\_\_\_\_  
 Veterinarian's Signature: \_\_\_\_\_

(If printed, this form is only valid if signed by the VFD Issuer and the Animal Owner)

# Special Instructions

Required

Use to address a number of situations:

- Explain a VFD is issued per CPG 615.115
- Duration explanation – “Feeding may be discontinued after 21 days, but prior to 42 days when no symptoms have been observed for [X] days.”
- Inclusion of feed-through pesticide
  - Feed through pesticides NOT allowed in free-choice or liquid medicated feed
- Extend withdrawal period
- Identify non-VFD drug used in combination that has a longer withdrawal period than the VFD drug
- Etc.

Special Instructions (if any): \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Level: \_\_\_\_\_ (per \_\_\_\_\_) Duration of use: \_\_\_\_\_  
 Species and Production Class: \_\_\_\_\_ Number of animals (adults) submitted (if different, list by species): \_\_\_\_\_  
 Indications for use: as directed \_\_\_\_\_  
 Guidance (owner to be retained for use): \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) MUST BE A PHYSICIAN ORDER. THERE ARE PENALTIES ON THE LABELING, RECALLABILITY, USE, OR NON-USE OF THIS VFD.**

Approximate Number of Animals: \_\_\_\_\_  
 Species: \_\_\_\_\_  
**Special instructions (if any):** \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This VFD only authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of each drug(s) in combination with any other animal drug.

This VFD authorizes the use of the VFD drug(s) listed in this order in the following FDA-approved, conditionally approved, or investigational combination(s) in medicated feed that contains the VFD drug(s) as a component:

Drug(s)	FDA-Approved and/or Investigational

This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or investigational combination(s) in medicated feed that contains the VFD drug(s) as a component.

Withdrawal: See label. This VFD feed must be withdrawn \_\_\_\_\_ days (prior to slaughter).

VFD Date of Issuance: \_\_\_\_\_ Reauthorization VFD Expiration Date: \_\_\_\_\_ Reauthorized in another jurisdiction: \_\_\_\_\_  
 Veterinarian's Signature: \_\_\_\_\_

(If printed, this form is only valid if signed by the VFD Issuer and the Animal Owner)

# Affirmation of Intent

**Affirmation of intent (for combination VFD Drugs) (check one box)\*:**  
 (\*For VFD drugs for which there are no approved VFD combinations, only the first affirmation statement should be included on the VFD)

- This VFD only authorizes the use of the VFD drug(s) cited in this order and is not intended to authorize the use of such drug(s) in combination with any other animal drugs.
- This VFD authorizes the use of the VFD drug(s) cited in this order in the following FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component:

Drug(s)	Drug Level(s) and any Special Instructions

- This VFD authorizes the use of the VFD drug(s) cited in this order in any FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component.

# Affirmation of Intent

Required... use 1 of 3 options

Box 1: only the VFD drug is to be fed per VFD order.

Box 2: a specific approved combination could be fed; name the combination.

Box 3: any approved combination could be fed to animals under VFD order.

**VFD drug not approved for use in combination, can only check first statement on the VFD.**

2<sup>nd</sup> or 3<sup>rd</sup> box: the producer CAN CHOOSE to feed only the VFD drug (not a combination).

# Withdrawal Period

Withdrawal periods are specified in the approval

Required to be written as a number of days

- if no w/d is defined, use a "0" or a "n/a"

**The w/d period on the VFD order is only for the VFD drug in use**

A vet can recommend that the w/d period be extended to ensure no residue – include as a special instruction

Drug combinations... non-VFD drug has a longer w/d period than the VFD drug: include it in the special instructions section

**Withdrawal Time** (if any: This VFD Feed must be withdrawn \_\_\_ days prior to slaughter

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Lot(s): \_\_\_\_\_ (Date, Expiration if any)

Species and Production Class: \_\_\_\_\_ Number of animals (poultry submitted) (poultry to be fed approved): \_\_\_\_\_  
 Indications for use in animals: \_\_\_\_\_  
 Guidance (owner to be advised how to feed): \_\_\_\_\_

**USE OF THIS CONTAINER FOR VETERINARY FEED DIRECTIVE (VFD) DRUGS IN A PHYSICAL STORE, OTHER THAN AS INTENDED OR AS THE LABELING INDICATES, IS NOT PERMITTED.**

Approximate Number of Animals: \_\_\_\_\_  
 Product: \_\_\_\_\_  
 Other Identification (e.g., age, weight, sex): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**Withdrawal Time** (if any: This VFD Feed must be withdrawn \_\_\_ days prior to slaughter)

VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_ (Indicate when to submit the signed order)

Veterinarian's Signature: \_\_\_\_\_  
(Signature must occur on day of the VFD or 1 year after the date of issuance)

# VFD Issue Date

MUST use the actual date VFD order is issued

Starts the time period for which the VFD authorization is valid

VFD Date of Issuance: \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Lot(s): \_\_\_\_\_ (Date, Expiration if any)

Species and Production Class: \_\_\_\_\_ Number of animals (poultry submitted) (poultry to be fed approved): \_\_\_\_\_  
 Indications for use in animals: \_\_\_\_\_  
 Guidance (owner to be advised how to feed): \_\_\_\_\_

**USE OF THIS CONTAINER FOR VETERINARY FEED DIRECTIVE (VFD) DRUGS IN A PHYSICAL STORE, OTHER THAN AS INTENDED OR AS THE LABELING INDICATES, IS NOT PERMITTED.**

Approximate Number of Animals: \_\_\_\_\_  
 Product: \_\_\_\_\_  
 Other Identification (e.g., age, weight, sex): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_ (Indicate when to submit the signed order)

Veterinarian's Signature: \_\_\_\_\_  
(Signature must occur on day of the VFD or 1 year after the date of issuance)

# Expiration Date

VFD Expiration Date: \_\_\_\_\_ (Month/Day/Year) (As specified in the approval; cannot exceed 6 months after issuance)

Ends the time period for which the VFD authorization is valid

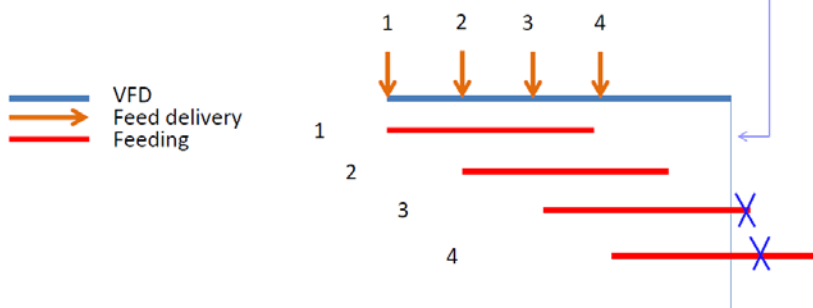
Veterinarian can use judgement to determine if more limited period is warranted

VFD expiration date shall be written as specified by the drug approval, or if not indicated in the drug approval, no longer than 6 months out from the date of issue

- Calculate by calendar date, *not the number of days*
- Example: July 10, expires January 10 the following year

# Expiration v. duration

A VFD feed or combination VFD feed must not be fed to animals after the expiration date on the VFD.



If the VFD order will expire before completing the duration of use on the order, the client must contact his/her vet to request a new VFD order

## Expiration date example

Drug	Approved for	VFD Expiration Date (max)	Duration of Use
Tilmicosin	Swine – control of SRD	90 d	21 d
	Cattle – control of bovine respiratory disease (BRD)	45 d	14 d

## Sign It!

Whether hard copy or electronic, it must be signed by the issuing vet

Veterinarian's Signature: \_\_\_\_\_

**Veterinary Feed Directive**

Veterinarian: \_\_\_\_\_ Client: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: \_\_\_\_\_ Drug(s) Label: \_\_\_\_\_ (Date, Duration of use)  
 Species and Production Class: \_\_\_\_\_ Number of animals (specify individual) (optional - to be completed for individual animals): \_\_\_\_\_  
 Indications for use: \_\_\_\_\_  
 Guidance (owner to read and follow): \_\_\_\_\_

**USE OF THIS DOCUMENT: THIS VETERINARY FEED DIRECTIVE (VFD) FORM IS A GENERAL FORM. THIS IS NOT INTENDED TO BE USED FOR THE ADMINISTRATION OF ANTIBIOTICS, CHEMOTHERAPY, OR OTHER DRUGS.**

Agreement: Number of Animals: \_\_\_\_\_  
 Product: \_\_\_\_\_  
 Other Identification (e.g., age, weight, sex): \_\_\_\_\_  
 Special Instructions (if any): \_\_\_\_\_

**Affirmation of use (when the combination VFD/Drug(s) is used):**  
 I, the undersigned, am a licensed veterinarian and I am the only person authorized to issue a VFD.  
 This VFD only authorizes the use of the VFD drug(s) listed in this order and is not intended to authorize the use of such drug(s) in combination with any other drug(s).  
 This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or unapproved combination(s) in medication feed that contains the VFD drug(s) as an ingredient.  
 (Date): \_\_\_\_\_ (This combination VFD/Drug(s) is not intended for use in combination with any other drug(s).)  
 This VFD authorizes the use of the VFD drug(s) listed in this order in any FDA-approved, conditionally approved, or unapproved combination(s) in medication feed that contains the VFD drug(s) as an ingredient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VFD Date of Issuance: \_\_\_\_\_ VFD Expiration Date: \_\_\_\_\_  
 Veterinarian's Signature: \_\_\_\_\_

Regulations may vary by state. For more information, visit www.fda.gov/vet/oc/ohrt.

# Minor Use Minor Species: MUMS

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## MUMS and VFDs

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Per 21 CFR 530.11(b) – extra label use is not permitted for VFD Drugs

EXCEPT

Any species other than cattle, horses, swine, chickens, turkeys, dogs or cats

NOT the same as writing a prescription





## CPG 615.115

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Compliance Policy Guide Sec. 615.115 Extralabel Use of Medicated Feeds for Minor Species

Enforcement discretion regarding extralabel use provided certain criteria met (outlined in CPG 615.115)

Why?

- There are no approved treatment options available – too small of a market for drug development
- Suffering or death would result from failure to treat the affected animals
- Some minor species cannot be practically medicated in any way other than through the use of medicated feeds
- Several of the drugs that would be utilized are now VFD status

## MUMS Paperwork – OTC or VFD

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Veterinarian must issue a recommendation to use medicated feed per CPG 615.115 to animal producer for over-the-counter or VFD medicated feed

- If VFD medicated feed, issue a recommendation plus a VFD order that says three things different on the special instructions line:
  1. This VFD is being issued in accordance with CPG 615.115
  2. Actual species
  3. Withdrawal time

# MUMS Example

## Recommendation to use VFD feed per CPG 615.115

(Producer: keep this together with the VFD)

Veterinarian: Example Veterinarian, DVM

Address: 123 Madeup Blvd

Somewhere, WI 00000

Phone: (608) 111-1100

Fax or email (optional):

Client: Sample Customer

Address: 456 Old Road

Elsewhere, WI 00001

Phone: (608) 111-1101

Fax or email (optional):

This authorizes above named Client to feed attached VFD feed to animals (specify the reason for feeding, diagnosis, drug selection, duration, animals, location, duration of feeding, any caution and warning).

VFD Date of issuance (MM/DD/YYYY): 10/13/2017

VFD Expiration Date (MM/DD/YYYY): 12/01/2017

Veterinarian's Signature: Example Veterinarian, DVM

## Veterinary Feed Directive

Veterinarian: Example Veterinarian Client: Sample Customer  
 Address: 123 Madeup Blvd Address: 456 Old Road  
Somewhere, WI 00000 Elsewhere, WI 00001  
 Phone: (608) 111-1100 Phone: (608) 111-1101  
 Fax or email (optional): \_\_\_\_\_ Fax or email (optional): \_\_\_\_\_

Drug(s) Name: Drug Drug(s) Level: 5 gton Duration of use: 14 days

Species and Production class: Breeding sheep Number of litters (lells) authorized (if permitted by the drug approval): n/a  
 Indications for use (as approved): For reduction in the incidence of (bivronic) abortions caused by Campylobacter fetus infection  
 susceptible to chlorotetracycline in breeding sheep.

Caution (related to this medicated feed, if any): n/a

**USE OF FEED CONTAINING THIS VETERINARY FEED DIRECTIVE (VFD) DRUG IN A MANNER OTHER THAN AS DIRECTED BY THE LABELING / EXTRALABEL USE IS NOT PERMITTED**

Approximate Number of Animals: 200

Premises: 456 Old Road, Elsewhere, WI 00001

Other Identification (eg, age, weight) (optional): Animals located in southwest pasture of property.

Special Instructions (if any): "This VFD is being issued in accordance with CPG 615.115" + actual species + withdrawal time

**Affirmation of intent (for combination VFD Drugs) (check one box):**  
 (If VFD drugs for which there are no approved VFD combinations, only the first affirmation statement should be included on the VFD)

This VFD only authorizes the use of the VFD drug(s) cited in this order and is not intended to authorize the use of such drug(s) in combination with any other animal drugs.

This VFD authorizes the use of the VFD drug(s) cited in this order in the following FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component:

Drug(s)	Drug Level(s) and any Special Instructions

This VFD authorizes the use of the VFD drug(s) cited in this order in any FDA-approved, conditionally approved, or indexed combination(s) in medicated feed that contains the VFD drug(s) as a component.

Withdrawal Time (if any): This VFD Feed must be withdrawn 14 days prior to slaughter

VFD Date of issuance: 10/13/17 (month/day/year) VFD Expiration Date: 12/01/2017 (month/day/year) (do not exceed 6 months after issuance)

Veterinarian's Signature: Example Veterinarian, DVM

# MUMS: Record Retention

- VFD combination (2 drugs) for MUMS: only allowed for therapeutic indications, AND must be an approved drug combination in an equitable species (mammalian -> mammalian, etc.)
- veterinarian and the producer keep VFD order and recommendation. Feed manufacturer only keeps VFD order and manufacturing records

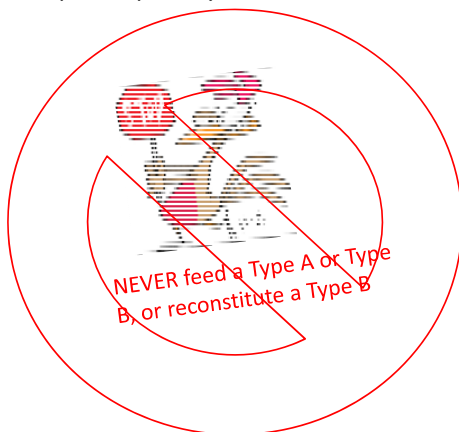
# Feeding medicated feed

WISCONSIN AGRIBUSINESS CLASSIC - JANUARY 2018

37

## Feeding medicated milk replacer

Short lifespan, especially once reconstituted



ONLY feed a reconstituted Type C medicated milk replacer

WISCONSIN AGRIBUSINESS CLASSIC - JANUARY 2018

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## Feeding Types

Complete feed



Top dressed



Free choice



## Free Choice

Drug approval includes:

- the formula for the feed – in other words, the ingredients and each ingredient's inclusion rate – and
- the approved label content

Example: formula in 21 CFR 558.128(e)(6)(i)

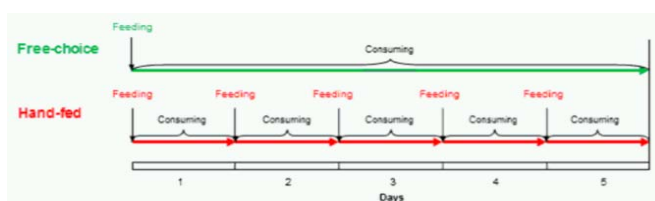
(6) It is used as a free-choice, loose mineral Type C feed as follows:  
(i) Specifications.

Ingredient	Percent
Dicalcium Phosphate	46.20
Sodium Chloride (Salt)	15.00
Magnesium Oxide	10.67
Cottonseed Meal	10.00
Trace Mineral/Vitamin Premix <sup>1</sup>	3.80
Calcium Carbonate	3.50
Dried Cane Molasses	3.00
Potassium Chloride	2.00
Mineral Oil	2.00
Iron Oxide	0.50
Chlortetracycline Type A medicated article (90 gram/lb)	3.33

*Free-choice drug approvals include data to demonstrate animals will not overconsume a free-choice feed*

## Hand-Fed

A manner of feeding – FDA reviewed drug approvals to determine what this is, since the definition isn't in the regulations. Hand-fed feed is to be fed daily (keeps the animals from over-consuming).



## Compare Feeding Methods

**“Hand-fed”** refers to a feeding system in which a medicated feed is fed to groups of animals on a daily basis (a 24-hour period), for the approved duration of feeding, in amounts that may, but do not necessarily, constitute the animals’ complete diet, and that are intended to provide the approved daily drug amount at a single feeding.

**“Complete feed”** or **“feed as sole ration”** refers to a feeding system in which the medicated feed provides the animals’ entire nutritional requirements for the duration of drug feeding.

**“Top-dressing”** is the application of medicated feed on top of the usual ration.

**“Free-choice”** medicated feeds are approved in formulations that deliver the approved drug amount for the approved duration without the need for feeding animals on a daily basis, and may not be fed in another manner.

## Resources –

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**Blue Bird Labels** -- Google "FDA Blue Bird"

**Veterinary Feed Directive** – Google "FDA VFD"

## Open Q&A

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# Thank you!

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Heather Bartley

Feed Specialist

Wisconsin Department of Agriculture, Trade and Consumer Protection

Direct: (608) 224-4539

[heather.bartley@wisconsin.gov](mailto:heather.bartley@wisconsin.gov)

Never hesitate to ask FDA/CVM:

[askcvm@fda.hhs.gov](mailto:askcvm@fda.hhs.gov)