Medical Services Advisory Committee (MSAC) Public Summary Document

Application No. 1817 – Xeomin (incobotulinumtoxinA) for treatment of lower limb spasticity following an acute event

Applicant: **Merz Australia**

Date of MSAC consideration: **1 April 2026**

1. Purpose of application

This streamlined, codependent submission (MSAC 1817) requests:

- Amendment to MBS item 18360 to include incobotulinumtoxinA (Xeomin®) alongside the currently specified botulinum toxin agents: Botulinum Toxin Type A Purified Neurotoxin Complex (Botox®) and Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport®), with no change to the fee; and
- Pharmaceutical Benefits Scheme (PBS) Authority Required listing of incobotulinumtoxinA (Xeomin) for treatment of adults (≥ 18 years) with moderate lower-limb spasticity following an acute event.

MSAC's advice to the Minister

After considering the strength of the available evidence in relation to comparative safety, clinical effectiveness, cost-effectiveness and total cost, MSAC supported the amendment of the existing Medicare Benefits Schedule (MBS) item 18360 to include the injection of incobotulinumtoxinA (Xeomin®) for the treatment of moderate to severe lower limb spasticity in adults aged 18 years and older following acute events, including stroke, traumatic brain injury, or spinal cord injury. MSAC noted that the PBAC, at its March 2026 meeting, recommended Pharmaceutical Benefits Scheme (PBS) listing of Xeomin for the treatment of moderate to severe spasticity of the lower limb in adults following acute events. MSAC noted PBAC was satisfied that Xeomin was non-inferior to the nominated comparator, Botox®, in terms of safety and effectiveness. MSAC also noted that PBAC considered Xeomin an alternative botulinum toxin product to Botox and Dysport®, which are already listed for this purpose in the existing MBS item. MSAC considered the addition of other listed botulinum toxin products only, and the financial impact to the MBS to be cost-neutral.

Category 3 – Therapeutic procedures Group T11 – Botulinum toxin injections
Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), Clostridium Botulinum Type A Toxin Haemagglutinin Complex (Dysport) or incobotulinumtoxinA (Xeomin), injection of, for the treatment of moderate to severe focal spasticity, if: (a) the patient is at least 18 years of age; and (b) the spasticity is associated with a previously diagnosed neurological disorder; and (c) treatment is provided as: (i) second line therapy when standard treatment for the conditions has failed; or (ii) an adjunct to physical therapy; and (d) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each limb), including all injections per set; and (e) the treatment is not provided on the same occasion as a service mentioned in item 18365 (See para TN.11.1 of explanatory notes to this Category)
Fee: $145.65 Benefit: 75% = $109.25 85% = $123.85

Consumer summary
This co-dependant application from Merz Australia requested an amendment to Medicare Benefits Schedule (MBS) item 18360 to include the drug incobotulinumtoxinA (Xeomin) for the treatment of moderate to severe lower limb spasticity in adults after an acute event. MBS item 18360 is for the injection of Botox and Dysport to treat the same condition. The Pharmaceutical Benefits Advisory Committee (PBAC) recommended listing Xeomin on the Pharmaceutical Benefits Scheme (PBS) for this condition at its March 2026 meeting, having considered the drug to be safe and effective. Spasticity is abnormal muscle stiffness in which muscles involuntarily can have sudden contractions (spasms) or prolonged tightness. In moderate to severe cases, daily functioning is disrupted. In lower limb spasticity, the legs and feet are affected, which can make it difficult to move, walk or balance properly. It can also be very painful. This application is for spasticity caused by damage to the brain or spinal cord from a sudden event such as a stroke, a traumatic brain or spinal cord injury, an infection affecting the brain or spinal cord, or a lack of oxygen to the brain. Xeomin, Botox, and Dysport are all botulinum toxin products, which are injected into muscles affected by spasticity, helping to relax muscles by blocking the chemical signals that cause muscles to stiffen. Botox and Dysport were also already listed on the PBS for the treatment of moderate to severe lower limb spasticity in adults after an acute event, and adding Xeomin provides another option for people and doctors to use. An advantage of Xeomin is that it does not need to be refrigerated, which makes it easier for health clinics to store than Botox and Dysport. MSAC agreed with the PBAC that Xeomin is safe and effective. MSAC also previously considered that there are no safety issues with botulinum toxin injections themselves. MSAC acknowledged that adding Xeomin to the PBS and MBS for this condition is not expected to change the number of services because it would be used instead of Botox and Dysport. This means there would be no financial impact to the MBS. MSAC noted that the number of people needing botulinum toxin injections increases every year, but it considered this acceptable. **MSAC's advice to the Commonwealth Minister for Health, Disability and Ageing** MSAC supported amending MBS item 18360 to include incobotulinumtoxinA (Xeomin) – in addition to Botox and Dysport – for the treatment of moderate to severe lower limb spasticity in adults after an acute event. MSAC accepted the PBAC's conclusion that Xeomin is safe and effective, and that including it in MBS item 18360 would be cost neutral to the MBS, as use is expected to shift from other listed botulinum toxin brands.

2. Summary of consideration and rationale for MSAC's advice

MSAC noted that this co-dependent application from Merz Australia was to amend Medicare Benefits Schedule (MBS) item 18360 to include incobotulinumtoxinA (Xeomin) – in addition to botulinum toxin type A purified neurotoxin complex (Botox) and clostridium botulinum type A toxin-haemagglutinin complex (Dysport) – for the treatment of moderate to severe lower limb spasticity in adults after an acute event.

MSAC noted the existing MBS item 18360 for the injection of Botox and Dysport to treat moderate to severe spasticity in adults and that the current application did not request a fee modification.

MSAC noted that, although Botox, Dysport and Xeomin are all registered botulinum toxins, they are not bioequivalent and are not considered biosimilar medicines. As such, Pharmaceutical Benefits Scheme (PBS) biosimilar substitution arrangements do not apply to botulinum toxin products. Each product must be assessed for the PBS and MBS separately.

MSAC noted and welcomed the public consultation input from a health professional and 2 organisations, which were supportive of Xeomin being listed. Input highlighted that Xeomin does not require refrigeration, which makes storage easier than for Botox and Dysport. Input did not raise any implementation issues.

At its March 2026 meeting, the Pharmaceutical Benefits Advisory Committee (PBAC) recommended listing Xeomin on the PBS for the treatment of moderate to severe lower limb spasticity in adults after stroke, traumatic brain injury or spinal cord injury. The PBAC accepted Xeomin to be an effective alternative and equivalent therapy to Botox and Dysport, and considered it to be cost-effective if listed at the same or a lower price than Botox and Dysport.

MSAC considered there may be a clinical need for the service in patients younger than 18 years. MSAC noted that the application was to amend an existing MBS item, which was for adults only and aligns with the PBS listing. MSAC considered it appropriate to write to the PBAC to raise this potential age-restriction inequity issue, noting there are several MBS and PBS items for botulinum toxin therapy for different types of muscle spasticity for children.

MSAC accepted the PICO and the clinical management algorithm. MSAC agreed with the PBAC ESC that there were no safety concerns for administering Xeomin, and the injection has already been accepted as safe. MSAC noted that the clinical evidence demonstrates that Xeomin results in small, short-term reductions in lower limb spasticity compared with placebo, and that its effectiveness is similar to Botox.

MSAC considered that adding Xeomin to the MBS item 18360 would not result in additional services because Xeomin would be substituting for Botox or Dysport use, solely providing another option for patients and clinicians. MSAC, therefore, expected service utilisation to remain stable if Xeomin is listed, and the financial impact to be cost neutral, noting that the estimates incorporated an annual market growth rate of 20.7% for botulinum toxin products, which MSAC considered acceptable.

3. Background

MSAC has not previously considered incobotulinumtoxinA (Xeomin) for the treatment of lower-limb spasticity in adults following an acute event (including stroke, traumatic brain injury, spinal cord injury, infection, or hypoxia). MSAC has, however, previously supported incobotulinumtoxinA injection services for blepharospasm, cervical dystonia (spasmodic torticollis) and post-stroke upper-limb spasticity (Application 1379) in its October 2014 meeting. And more recently, MSAC supported incobotulinumtoxinA injection services for chronic sialorrhea (Application 1800; in its April 2025 meeting) and for upper- and lower-limb spasticity associated with cerebral palsy (Application 1808; in its July 2025) through streamlined codependent submissions.

IncobotulinumtoxinA injection services are currently listed on the MBS under Items 18353, 18365, 18369, and 18374 alongside Botox and Dysport for treatment of cervical dystonia, upper limb spasticity, and unilateral and bilateral blepharospasm. On 1 March 2026, as noted above per the support of MSAC Applications 1800 & 1808, a new MBS item 18355 was introduced for the injection of IncobotulinumtoxinA only for chronic sialorrhea due to neurological

or neurodevelopmental disorders[1] and existing MBS items 18354 & 18361 were amended to include IncobotulinumtoxinA alongside Botox and Dysport for treatment of lower and upper limb spasticity due to cerebral palsy[2].

In the current application, the proposed change is to amend the MBS item 18360 for moderate to severe focal spasticity in adults, which currently specifies only Botox and Dysport in the descriptor. The explanatory notes (TN.11.1), applied to MBS items 18350 to 18379, recognise Botox, Dysport, and Xeomin as botulinum toxin agents with TGA registration and specify that Medicare benefits are only payable where the agent administered is the agent specified in the relevant MBS item descriptor.

Although all three agents are registered botulinum toxins, they are not bioequivalent and are not considered biosimilar medicines. As such, PBS biosimilar substitution arrangements do not apply to botulinum toxin products and access to each product is determined by the specific PBS and MBS listing in place[3].

4. Prerequisites to implementation of any funding advice

IncobotulinumtoxinA was first registered on the Australian Register of Therapeutic Goods (ARTG: ID 205508) on 21 March 2014. The registered indications include symptomatic treatment of lower- and/or upper-limb spasticity in children and adolescents aged 2-17 years, and upper-limb spasticity in adults. The product information was updated on 8 May 2025 to also include treatment in adults with lower-limb spasticity affecting the ankle joint.

5. Proposal for public funding

The proposed amendment to the existing MBS item 18360 to add Xeomin as an eligible botulinumtoxin agent for the currently funded injection service for adult lower-limb spasticity. This is a descriptor-only amendment, with all other details of the services (including eligibility requirements, claiming arrangements, or the current fee) remaining unchanged (see Table 1).

[1] MBS Online - IncobotulinumtoxinA (Xeomin) injection for chronic sialorrhea treatment due to neurological or neurodevelopmental disorders
[2] MBS Online - IncobotulinumtoxinA (Xeomin) injection for lower and upper limb spasticity due to cerebral palsy
[3] Pharmaceutical Benefits Scheme (PBS) | Biological Medicines

Table 1 Proposed amendment of MBS item 18360 to include incobotulinumtoxinA (Xeomin) for treatment of lower-limb spasticity after an acute event

Category 3 – THERAPEUTIC PROCEDURES
MBS item 18360 Botulinum Toxin Type A Purified Neurotoxin Complex (Botox) or Clostridium Botulinum Type A Toxin Haemagglutinin Complex (Dysport), **or incobotulinumtoxinA (Xeomin),** injection of, for the treatment of moderate to severe focal spasticity, if: (a) the patient is at least 18 years of age; and (b) the spasticity is associated with a previously diagnosed neurological disorder; and (c) treatment is provided as: (i) second line therapy when standard treatment for the conditions has failed; or (ii) an adjunct to physical therapy; and (d) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each limb), including all injections per set; and (e) the treatment is not provided on the same occasion as a service mentioned in item 18365 (See para TN.11.1 for explanatory notes to this Category)
Fee: $145.65 Benefit 75% = $109.25 85% = $123.85

6. Population

The requested population is adults aged 18 years and over with moderate to severe lower-limb spasticity following an acute event (including stroke, traumatic brain injury, spinal cord injury, infection, or hypoxia). Lower limb spasticity commonly results in fixed plantar flexion of the ankle (pes equinus), which impairs mobility and balance and increases the risk of fall and reliance on assistive devices and personal care.[4],[5]

In defining eligibility, the submission described "moderate to severe" spasticity as a Modified Ashworth Scale (MAS) score of 3 or more, reflecting considerable resistance to passive stretch and difficulty with passive movement. However, the proposed treatment algorithm applied a lower threshold of MAS ≥2. This discrepancy broadens the effective treatment population beyond the described for the requested listing and introduces inconsistency between the stated population and the proposed treatment approach.

In terms of disease burden, stroke-related spasticity typically develops within the first 3-6 months post stroke.[6] According to the Australian Stroke Foundation 2023 data, there were over 445,000 stroke survivors, 34,793 first-ever strokes, and 10,990 recurrent strokes.[7] The 2023 age-standardized stroke rates were 139 per 100,000 Australian males and 100 per 100,000

[4] Francisco, G.A. (2012) Poststroke spasticity management. *Stroke, 43*(1), 3132-3136. doi:https://doi.org/10.1161/STROKEAHA.111.639831

[5] Li, S. (2020) Ankle and foot spasticity patterns in chronic stroke survivors with abnormal gait. *Toxins, 12*(10), 646. doi:https://doi.org/10.3390/toxins12100646

[6] Wissel, J.W. (2014) Post-stroke spasticity: predictors of early development and considerations for therapeutic intervention. *PM&R, 7*(1), 60-67. doi:https://doi.org/10.1016/j.pmrj.2014.08.946

[7] Stroke Foundation (2024) *New report highlights number of stroke hits all-time high.* Retrieved from https://storkefoundation.org.au/media-centre/media-releases/2024/09/new-report-highlights-number-of-strokes-hit-all-time-high

Australian females.[8] Ankle and knee spasticity were reported by 66% and 54% of stroke survivors, respectively.[9]

The Australian Stroke Foundation guidelines recommend that interventions to reduce spasticity should be considered when the level of spasticity interferes with activity or the ability to provide care. For lower-limb spasticity, the guidelines note that botulinum toxin A, in addition to rehabilitation therapy, may be used to reduce spasticity, although it is unlikely to improve motor function or walking outcomes.[10]

7. Comparator

In this application, Botox is the main comparator and Dysport is the secondary comparator.

8. Summary of public consultation input

Consultation input was welcomed from:

1817 – Xeomin (incobotulinumtoxinA) injection codes for lower limb spasticity following an acute event	No. of Inputs Received
Organisations (2)	
I am providing input on behalf of a consumer group or organisation. Consumer organisations are not-for-profit organisations representing the interests of healthcare consumers, their families and carers.	1
I am providing input on behalf of a medical, health, or other (non-consumer) organisation. For example, input on behalf of a group of clinicians, research organisation, professional college, or from an organisation that produces a similar service or technology.	1
Health Professionals (1)	
I am a health professional or health academic working in the area.	1
Grand Total	**3**

MSAC received consultation input from two organisations and one health practitioner. The organisations who provided input were:

- Stroke Foundation
- Rehabilitation Medicine Society of Australia and New Zealand

Level of support for public funding

Consultation input was supportive of public funding of Xeomin injection codes for lower limb spasticity following an acute event.

[8] AIHW (2025) *Heart, stroke and vascular disease: Australian facts.* Retrieved from https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts

[9] Wissel, J.S. (2010) Early development of spasticity following stroke: a prospective, observational trial. *Journal of Neurology, 257,* 1067-1072. Doi:https://doi.org/10.1007/s00415-010-5463-1

[10] Stroke Foundation. Australian and New Zealand living clinical guidelines for stroke management -Chapter 6: Managing complications. Retrieved 2 March 2026 from https://app.magicapp.org/#/guideline/WE8wOn/section/ERRp1E

Comments on the PICO

Input agreed with the proposed population, comparator and outcomes.

Perceived Advantages

Perceived advantages included:

- lower limb spasticity is a debilitating condition with complications, including carer burden, skin infection, contractures, falls risk and its complications, poor mobility, decreased function and social withdrawal of patients. Public funding will ensure timely management of the condition and its potential complications and ensure safe and effective treatment.
- Minimise the need for unnecessary re-assessments, thereby improving accessibility of health services and convenience to patients.
- easier storage of Xeomin (no refrigeration) is of benefit to rural and remote communities

Perceived Disadvantages

The health professional noted that access to clinics for treatment for disadvantaged groups may be a source of inequality. The consultation input did not identify any disadvantages of public funding.

Support for Implementation and Issues

Consultation input was supportive of implementation and identified no barriers.

9. Characteristics of the evidence base

Sections 10 to 12 summarise the evidence that will be considered by the PBAC. The PBAC commentary and PBAC ESC advice did not identify any clinical issues related to the administration of Xeomin that require additional MSAC consideration. Refer to the PBAC Commentary and PBAC ESC advice for further details.

In reviewing the submission, PBAC ESC noted that the proposed population extends beyond the submitted trial populations, which were limited to post-stroke spasticity. Given that the pathophysiology of spasticity and the mechanism of action of botulinum toxin are similar across neurological conditions, PBAC ESC raised questions about extending the restriction to other acute events and the potential implications for broader spasticity populations, including chronic neurological conditions such as multiple sclerosis.

The characteristics of the key efficacy trials are summarised in Table 2. Evidence for Dysport's efficacy was not provided by the sponsor.

Safety evidence, considered separately by PBAC, was derived from a placebo-controlled Xeomin trial, an uncontrolled dose-titration study, and an indirect comparison with Botox. Overall, the supported studies have limited generalisability to Australian context.

Table 2 Key features of the included evidence - indirect comparison

Trial	N	Design/duration	Risk of bias	Patient population	Outcomes	Used in modelled evaluation
Xeomin vs Placebo						
3098	208	R, DB, MC (all Japan); fixed dose Xeomin 400U across affected muscles; 12 wk with OLE up to 40 wk	Low	Ages 20-80, unilateral pes equinus after stroke ≥ m previously causing gait impairment; MAS ≥3 in plantar flexors	CFB in MAS for plantar flexors to 12 wk calculated as AUC for wks 1,4,6,8,12	Used
3002	287	R, DB, MC; fixed dose Xeomin 400U across affected muscles; 12 wk with OLE up to 36 wk	Low	Ages 18-80; pes equinovarus due to stroke at least 3 m previously causing gait impairment; AS ≥2 in plantar flexors	CFB in AS to 4 wk; investigator's GAE at 12 wk	Not used
Botox vs Placebo						
REFLEX	468	R, DB, MC; 12 wk with OLE	low	Ages 18-65; MAS ≥3 at least 3 m after stroke	CFB MAS mean score 4 and 6 wk; investigator's CGI change	Used
512	120	R (method not adequately described), DB, MC (all Japan); 300U across affected muscles	unclear	Ages 20-80; pes equinus due to stroke ≥6 m previously; MAS ≥3 in ankle flexors	CFB MAS AUC at 1,2,4,6,8,12 wk; MAS CFB	

Source: Table 3, 6.07 incobotulinumtoxinA COM 03-2026
AS = Ashworth score; AUC = area under curve; CFB = change from baseline; CGI = clinical global impression; DB = double blind; m = month; MAS = modified Ashworth score; MC = multi-centre; OL = open label; R = randomised; wk = week.

10. Comparative safety

PBAC ESC considered the safety and harm evidence for incobotulinumtoxinA in detail and did not identify any significant safety concerns. Overall, the safety profile of incobotulinumtoxinA was considered comparable to placebo and to its comparators.

PBAC ESC noted that adverse events of special interest, defined as symptoms suggestive of muscle weakness beyond the target muscle group were reported in both double-blind and open-label phases. However, these events were non-serious, and causation in individual cases was uncertain.

11. Comparative effectiveness

This section provides a high-level summary of the comparative effectiveness evidence, noting key issues previously considered by PBAC ESC.

Overall, the available evidence indicates that incobotulinumtoxinA produces small, short-term reductions in lower-limb spasticity compared with placebo to a similar extent as other botulinum toxin products. However, these reductions are modest in magnitude, are not consistently maintained over time, and does not translate into clinically meaningful improvements in functional outcomes.

Comparative effectiveness between Xeomin and Botox was assessed using an indirect comparison anchored on placebo. While this approach has been accepted in previous PBAC considerations, including comparison of Ashworth and MAS outcomes, more recent PBAC consideration has expressed reservations regarding this approach.[11]

Clinical claim

The submission claims incobotulinumtoxinA (Xeomin) is non-inferior to onabotulinumtoxinA (Botox) in terms of safety and effectiveness in post-stroke patients with lower-limb spasticity. On the basis of this non-inferiority claim, the sponsor proposed a cost-minimisation approach for this codependent application, using only Botox as the primary comparator.

12. Economic evaluation

The submission considered that the PBS listing of Xeomin would not change the clinical management algorithm or the delivery of the injection service. Xeomin would provide an alternative option for clinicians and patients to the currently listed botulinum toxin products, with injections delivered under the same MBS item and in the same clinical settings. As the existing MBS item would continue to be claimed regardless of which PBS-subsidised botulinum toxin product is supplied, the inclusion of Xeomin in the current item descriptor is not expected to result in additional costs per one botulinum toxin administration.

13. Financial/budgetary impacts

The financial impact was modelled as substitution from existing botulinum toxin products rather than expansion of the treated population. With Botox nominated as the dominant product in current use (78%), most substitution to Xeomin is expected to occur from Botox rather than Dysport. The financial estimates incorporated an annual market growth rate of botulinum toxin products of 20.7% and a staged displacement profile for Xeomin in Table 3.

Table 3 Xeomin displacement rate

Brand name, molecule name	2025	2027	2028	2029	2030	2031
Xeomin, incobotulinumtoxinA	**redacted**%[1]	**redacted**%[1]	**redacted**%[1]	**redacted**%[1]	**redacted**%[1]	**redacted**%[1]

The redacted values corresponding to the following ranges:
[1] <500

The net cost benefit to MBS is presented in Table 3.

[11] MAS measures assess muscle tone rather than functional performance. PBAC has previously accepted MAS in indirect treatment comparison (Table 5, Paragraph 6.11, Table 7, Paragraph 6.17, Dysport PSD, July 2020 PBAC meeting). However, PBAC's recent consideration expressed reservations about this approach (Paragraph 6.17, Xeomin PSD, July 2025 PBAC meeting).

Table 4 Financial impact of Xeomin on MBS

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Estimated MBS service increase						
Estimated MBS services increase	**redacted**[1]	**redacted**[1]	**redacted**[2]	**redacted**[2]	**redacted**[2]	**redacted**[2]
Estimated decrease of MBS service for Botox and Dysport						
Botox, 11751L	**-redacted**[1]	**-redacted**[1]	**-redacted**[2]	**-redacted**[2]	**-redacted**[2]	**-redacted**[2]
Dysport, 11831Q	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]
Dysport, 11857C	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]	**-redacted**[1]
Total changes	**-redacted**[1]	**-redacted**[1]	-redacted[2]	-redacted[2]	-redacted[2]	-redacted[2]
Net financial implications						
Net cost to MBS	-**$redacted**[3]	-**$redacted**[3]	-**$redacted**[3]	-**$redacted**[3]	-**$redacted**[3]	-**$redacted**[3]

The redacted values corresponding to the following ranges:
[1] <500
[2] 500 to <5,000
[3] $0 to < $10 million

14. Other relevant information

In the related codependent PBS consideration, the PBAC commentary noted a three-way scope mismatch: the TGA approval is broader (spasticity regardless of cause), the proposed PBS restriction is narrower (stroke or other acute neurological event), and the submitted pivotal trials were narrower again (post-stroke populations only). The requested PBS wording is broader than the approved adult indication wording (see Section 5 for approved TGA indication wording). This raises the question to PBAC whether the restriction should be framed more broadly, including for spasticity due to conditions such as multiple sclerosis and for adults with cerebral palsy.

In pre-PBAC ESC response, the sponsor clarified that the submission is for the same indication as the existing Botox and Dysport listing. The sponsor therefore contended that extending the restriction would not introduce new practice beyond what is already accepted on the PBS. The sponsor also noted that separate PBS listings already exist for botulinum toxin treatment of cerebral palsy associated spasticity.

15. Applicant comments on MSAC's Public Summary Document

The applicant had no comment.

16. Further information on MSAC

MSAC Terms of Reference and other information are available on the MSAC Website: visit the MSAC website