

Avoid

D-penicillamine
 botulinum toxin type A
 interferon alfa

Use with caution

<i>neuromuscular blocking drugs:</i>	Intravenous lignocaine and large doses of other local anaesthetics (even given subcutaneously) can potentiate the effect of neuromuscular blocking drugs. However, in general, local anaesthesia is safe in myasthenia gravis
nondepolarising	Avoid if possible, or use with extreme caution (cause highly variable potentiation of neuromuscular blockade) Avoid long-acting agents (eg pancuronium) Reduce doses, according to disease severity and concurrent use of anticholinesterase inhibitors Closely monitor neuromuscular function and consider a test dose
depolarising	Avoid if possible, due to variable response A loss of acetylcholine receptors in myasthenia gravis may confer a degree of resistance to depolarising drugs In contrast, cholinesterase inhibitors and vancomycin may potentiate the action of suxamethonium
<i>halogenated inhalation anaesthetics</i>	Myasthenic patients may be more sensitive to the relaxant effect of inhaled anaesthetics. Monitor neuromuscular function closely
<i>antibiotics:</i>	
aminoglycosides	Use an alternative drug when possible. Tobramycin is probably the least toxic
fluoroquinolones	Use an alternative drug when possible
macrolides	Use an alternative drug when possible
<i>quinine</i>	Use an alternative drug when possible
<i>iodinated radiographic contrast media</i>	Use noncontrast imaging when possible and discuss with radiologist

NB1: Case reports suggest several other drugs (eg beta blockers [including eye drops], verapamil, statins, lincosamide antibiotics) exacerbate myasthenia gravis symptoms. Rather than avoiding these drugs completely, consider their harms versus benefits before deciding whether to use them.