Neuro.Wiki

Drugs to Avoid in Myasthenia Gravis

Medications that can worsen myasthenia gravis, grouped by class and drug family. Individual drug names are listed (rather than drug classes) so the page can be printed and handed to the patient as a reference. Verify before prescribing.

Category	Medications to avoid — grouped by drug family
Antibiotics	**Fluoroquinolones:** Ciprofloxacin, Levofloxacin, Ofloxacin, Moxifloxacin, Gemifloxacin, Delafloxacin **Macrolides:** Erythromycin, Azithromycin, Clarithromycin **Ketolide:** **Telithromycin (contraindicated — boxed warning)** **Aminoglycosides:** Gentamicin, Tobramycin, Amikacin, Kanamycin, Neomycin, Streptomycin **Polymyxins:** Colistin (colistimethate), Polymyxin B **Lincosamide:** Clindamycin (low evidence) **Penicillins:** Ampicillin, Amoxicillin, Penicillin G (rare/relative) **Carbapenem:** Imipenem
Immune checkpoint inhibitors	**PD-1:** Pembrolizumab, Nivolumab, Cemiplimab, Dostarlimab, Retifanlimab, Tislelizumab, Toripalimab **PD-L1:** Atezolizumab, Durvalumab, Avelumab **CTLA-4:** Ipilimumab, Tremelimumab **LAG-3:** Relatlimab **Can trigger or unmask MG — often severe/fulminant; may overlap with myositis & myocarditis**
Heart medications	**Class Ia antiarrhythmics:** Quinidine, Procainamide, Disopyramide **Beta-blockers:** Atenolol, Metoprolol, Propranolol, Nadolol, Labetalol, Esmolol, Carvedilol, Bisoprolol, Nebivolol, Sotalol, Pindolol, Acebutolol **Calcium-channel blockers:** Amlodipine, Nifedipine, Felodipine, Verapamil, Diltiazem **Statins:** all statins
Anesthesia	**Depolarizing NMB:** Succinylcholine **Nondepolarizing NMBs:** Rocuronium, Vecuronium, Pancuronium, Atracurium, Cisatracurium (marked sensitivity — use reduced doses) **Inhaled anesthetics:** Sevoflurane, Desflurane, Isoflurane
Brain / Nerve	**Mood stabilizer:** Lithium **Anticonvulsants:** Phenytoin, Gabapentin, Carbamazepine (reported) **Neurotoxin:** Botulinum toxin **Muscle relaxant:** Methocarbamol
Rheumatology	**Chelator (DMARD):** D-Penicillamine **Antimalarials:** Hydroxychloroquine, Chloroquine, **Quinine (contraindicated)**
Others	**Ophthalmic β-blockers:** Timolol, Betaxolol, Levobunolol, Carteolol (eye drops) **Corticosteroids:** transient worsening at initiation **Contrast:** Iodinated contrast **Electrolyte:** Magnesium (IV / high-dose) **Immunomodulators:** Interferon-alpha & -beta

Most listed drugs are **relative cautions** rather than absolute contraindications — risk is dose-dependent and many can be used with monitoring if needed. Highest-risk / avoid where possible: **telithromycin** (contraindicated), aminoglycosides, fluoroquinolones, IV magnesium, D-penicillamine, and immune checkpoint inhibitors. Corticosteroids are a mainstay of MG treatment but can cause **transient worsening at initiation**.