

## Appendix 2

Table 1 - Modified MGFA clinical classification.

Class	Gravity	Subclass	Main definition	Complementary definition
I	Ocular	None	Exclusive involvement of extraocular muscles	None
II	Mild (generalised)	A	Predominant involvement of axial and/or limb muscles	No impact on physical and/or work activity
		B	Predominant involvement of oropharyngeal and/or respiratory muscles	No need to modify the consistency of food and liquids
III	Moderate (generalised)	A	Predominant involvement of axial and/or limb muscles	Symptoms limit physical and/or work activity but do not affect basic activities of daily living
		B	Predominant involvement of oropharyngeal and/or respiratory muscles	There is a need to change the consistency of food and/or liquids
IV	Severe (generalised)	A	Predominant involvement of axial and/or limb muscles	Symptoms prevent physical and/or work activity and affect basic activities of daily living
		B	Predominant involvement of oropharyngeal and/or respiratory muscles	Need for nasogastric intubation for feeding and/or hydration
V	Myasthenic Crisis	None	Need for tracheal intubation or noninvasive ventilation due to ventilatory dysfunction caused by MG	None

**Table 2** - Initial dose, titration, maintenance dose and time to onset of action of traditional non-steroidal immunosuppressants used in MG.

	<b>Initial dose</b>	<b>Titration</b>	<b>Maintenance dose</b>	<b>Time to onset of action</b>
<b>azathioprine</b>	50 mg, once daily	Increase by 50 mg every 1 to 2 weeks	2.5 (2 to 3) mg/kg/day	≥ 9 (often ≥ 12 months)
<b>mycophenolate mofetil</b>	500 mg, twice daily	Increase to 1000 mg twice daily, or 500 mg 4 times daily, after 1 to 2 weeks	2000 to 3000 mg/day	≥ 6 (rarely ≥ 12 months)
<b>methotrexate</b>	10 mg weekly divided into 1 or 2 doses on the same day	Increase by 2.5 mg every 1 to 2 weeks	15 to 20 mg, once weekly	≥ 3–6 months