

**Table 2. Drugs altered by co-administration with oral contraceptives.**

<b>Drug class</b>	<b>Generic (trade)</b>	<b>Effect</b>	<b>Recommendation</b>
Antidepressants	amitriptyline (Elavil) tricyclic antidepressants imipramine (Tofranil) tricyclic antidepressants selegiline (Eldepryl) monoamine oxidase inhibitors	The metabolism of these drugs may be decreased, causing increased concentrations and side effects.	Monitor levels and for signs of toxicity. Decrease antidepressant dose if needed.
Benzodiazepines (BZD)	chlordiazepoxide (Librium) diazepam (Valium)  others metabolized by oxidation	BZD metabolism (those oxidized) may be inhibited, increasing their central nervous system effects.	May be necessary to decrease the BZD dose.
Bronchodilator	theophylline (Theo-Dur, etc.)	Metabolism of theophylline may be decreased, increasing theophylline concentrations and side effects.	Monitor theophylline levels when starting or stopping an OC and adjust the dose as needed.
Corticosteroids	hydrocortisone methylprednisolone (Medrol) prednisolone (Delta-Cortef) prednisone (Deltasone)	Metabolism of corticosteroid may be decreased, causing increased concentrations and possible side effects.	Monitor response for several weeks after starting/stopping the OC. Adjust corticosteroid as needed.
Immunosuppressant	cyclosporine (Sandimmune, Neoral)	Estrogens may inhibit metabolism of cyclosporine, causing increased levels and possible toxic levels.	Evaluate cyclosporine levels regularly and adjust as necessary.
Thyroid hormone	levothyroxine (Synthroid)	Estrogens increase thyroxine-binding globulin, possibly decreasing response to thyroid hormone supplementation as a result.	Adjust thyroid therapy as needed (not generally significant in euthyroid patients).