After Nearly a Decade-Long Decrease, Testosterone Prescribing Rates Rising Again

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Key Findings:

- The share of male patients prescribed testosterone fell from 0.83% in 2013 to 0.64% by 2021. It then rose to 0.93% in 2025 and reached 0.95% in the partial first half of 2026.
- The growth was broad: every age group 30 and older surpassed its early-2010s peak by 2025. Men aged 50–64 had the highest prevalence at 1.57% in 2025, while those 18–29 had the lowest at 0.14%.

Testosterone replacement therapy is prescribed to treat low testosterone (low T) levels, also known as hypogonadism.[1] Prescribing rose sharply in the United States through the 2000s and early 2010s, a period marked by direct-to-consumer low T awareness campaigns and wider availability of convenient topical formulations.[2] As use expanded, questions emerged about cardiovascular safety. In March 2015, the U.S. Food and Drug Administration (FDA) required labeling changes cautioning that testosterone products are not approved for age-related low testosterone and warning of a possible increased risk of heart attack and stroke.[3] Prescribing subsequently declined.[4] However, in February 2025, the FDA removed the boxed cardiovascular warning from all testosterone products after the 2023 TRAVERSE trial found testosterone therapy was not associated with an increased risk for major adverse cardiac events among men with hypogonadism and elevated cardiovascular risk.[5,6] Telehealth and direct-to-consumer men's health services have grown in recent years as well. It is unclear how testosterone prescribing practices have evolved with these changes.

We studied 109 million men aged 18 and older who had at least one healthcare encounter between January 2012 and June 2026 and examined the percentage that had an active testosterone prescription. Rates gradually declined from a peak of 0.83% in 2013 to a low of 0.64% in 2021, as seen in Figure 1. Beginning around 2022, prevalence rose, reaching 0.93% in 2025 and 0.95% by mid-2026.

The resurgence was evident across nearly every age group, though its magnitude varied. Men aged 50–64 maintained the highest prevalence throughout, reaching 1.57% in 2025, up from a prior peak of 1.30% in 2013. Men aged 30–39 (0.57% in 2025), 40–49 (1.35%), 65–74 (1.06%), and 75 and older (0.57%) each exceeded their own early-2010s peaks as well. Men aged 18–29 had the lowest rates with smaller overall changes following the same patterns as the older age groups, with rates between 0.10% and 0.15% throughout the study period.

Testosterone Prescription Prevalence Over Time by Age Group

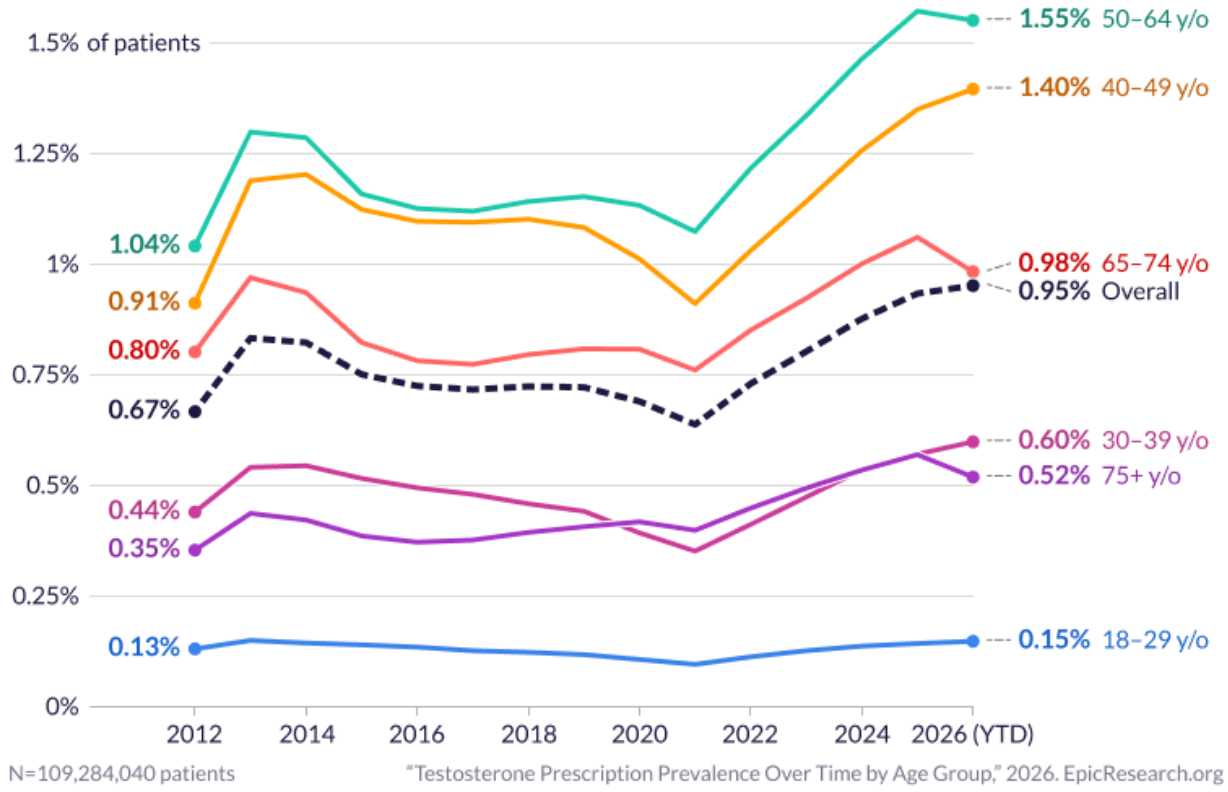

Figure 1. The percentage of male patients with an encounter who had at least one active testosterone prescription each year from 2012 through mid-2026, overall and by age group.

These data come from Cosmos, a dataset created in collaboration with a community of Epic health systems representing more than 310 million patient records from 2,000 hospitals and more than 49,000 clinics from all 50 U.S. states, Canada, Lebanon, and Saudi Arabia. Graphics by Brian Olson.

References

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Data Definitions

Term	Definition
Study period	1/1/2012 to 6/22/2026
Study population: inclusion	Male patients with a healthcare encounter in a given calendar year
Exposure	Presence of an active **testosterone prescription** on the patient's medication record during the year
Outcomes	Annual prevalence of testosterone prescribing, calculated as patients with a **testosterone prescription** divided by all male patients with a healthcare encounter that year
Testosterone (ATC) prescription	A prescription with ATC code G03BA03
Age at encounter	Age group at the time of the qualifying encounter: 18–29, 30–39, 40–49, 50–64, 65–74, 75+
Model specifications	Descriptive trend (annual prevalence time series)
Limitations	Annual patient denominators grew as health systems joined Cosmos, so early-period rates rest on thinner, less representative data than later years. The final 2026 period represents data through June 22, 2026. A prescription on the medication record does not confirm active use or adherence. As a descriptive analysis, this study should not be used to attribute observed trends to any specific cause.

Table 1: Testosterone Prescription Prevalence Over Time by Age Group

Year	≥ 18 and < 30 Years	≥ 30 and < 40 Years	≥ 40 and < 50 Years	≥ 50 and < 65 Years	≥ 65 and < 75 Years	75 Years or more	Overall
2012	0.13%	0.44%	0.91%	1.04%	0.80%	0.35%	0.67%
2013	0.15%	0.54%	1.19%	1.30%	0.97%	0.44%	0.83%
2014	0.14%	0.55%	1.20%	1.29%	0.94%	0.42%	0.82%
2015	0.14%	0.52%	1.12%	1.16%	0.82%	0.39%	0.75%
2016	0.14%	0.50%	1.10%	1.13%	0.78%	0.37%	0.73%
2017	0.13%	0.48%	1.10%	1.12%	0.77%	0.38%	0.72%
2018	0.12%	0.46%	1.10%	1.14%	0.80%	0.39%	0.72%
2019	0.12%	0.44%	1.08%	1.15%	0.81%	0.41%	0.72%
2020	0.11%	0.39%	1.01%	1.13%	0.81%	0.42%	0.69%
2021	0.10%	0.35%	0.91%	1.07%	0.76%	0.40%	0.64%
2022	0.11%	0.41%	1.03%	1.22%	0.85%	0.45%	0.73%
2023	0.13%	0.47%	1.14%	1.34%	0.92%	0.49%	0.80%
2024	0.14%	0.54%	1.26%	1.46%	1.00%	0.54%	0.88%
2025	0.14%	0.57%	1.35%	1.57%	1.06%	0.57%	0.93%
Jan 1 – Jun 22, 2026	0.15%	0.60%	1.40%	1.55%	0.98%	0.52%	0.95%