

# Hormone Replacement Therapy Prescriptions for Women Up 72% Since 2021

Team A: Kersten Bartelt, RN; Caleb Cox

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## Key Findings

- Hormone replacement therapy (HRT) prescriptions increased 72% from Q2 2021 to Q3 2025 among women aged 50 to 65, from 29.3 prescriptions per 1,000 women to 50.4 prescriptions per 1,000 women.

Hormone replacement therapy (HRT) is commonly prescribed to alleviate symptoms associated with perimenopause and menopause, such as hot flashes.<sup>1</sup> The use of HRT declined following the Women's Health Initiative (WHI) findings in the early 2000s, which raised concerns about cardiovascular and cancer risks and led to black box warnings on HRT products.<sup>2</sup> Recent research around risks, as well as new formulations, lower doses, and increasing clinical emphasis on quality of life for women, have led to a resurgence of interest in HRT. Clinical societies, including the North American Menopause Society, now emphasize individualized decision-making that balances the risks and benefits of hormone replacement therapies.<sup>1</sup>

We studied 24,235,834 women aged 50 to 65 who had a healthcare encounter and any active prescription between January 1, 2018, and September 30, 2025. Women were considered to be receiving hormone replacement therapy if they had a prescription for a medication commonly used for HRT, either new or renewed, during the specified quarter.

The quarterly rate of HRT prescribing remained stable from early 2018 through 2019, averaging around 33 HRT prescriptions per 1,000 women studied. A decline was observed in early 2020, coinciding with widespread disruptions to routine care during the COVID-19 pandemic. Rates remained below pre-pandemic levels through 2021 before beginning a steady upward trend. From Q2 2021 (29.3 per 1,000) to Q3 2025 (50.4 per 1,000), HRT prescribing rose 72%, with the largest growth occurring in the most recent quarters.

## HRT Prescription Rate Over Time

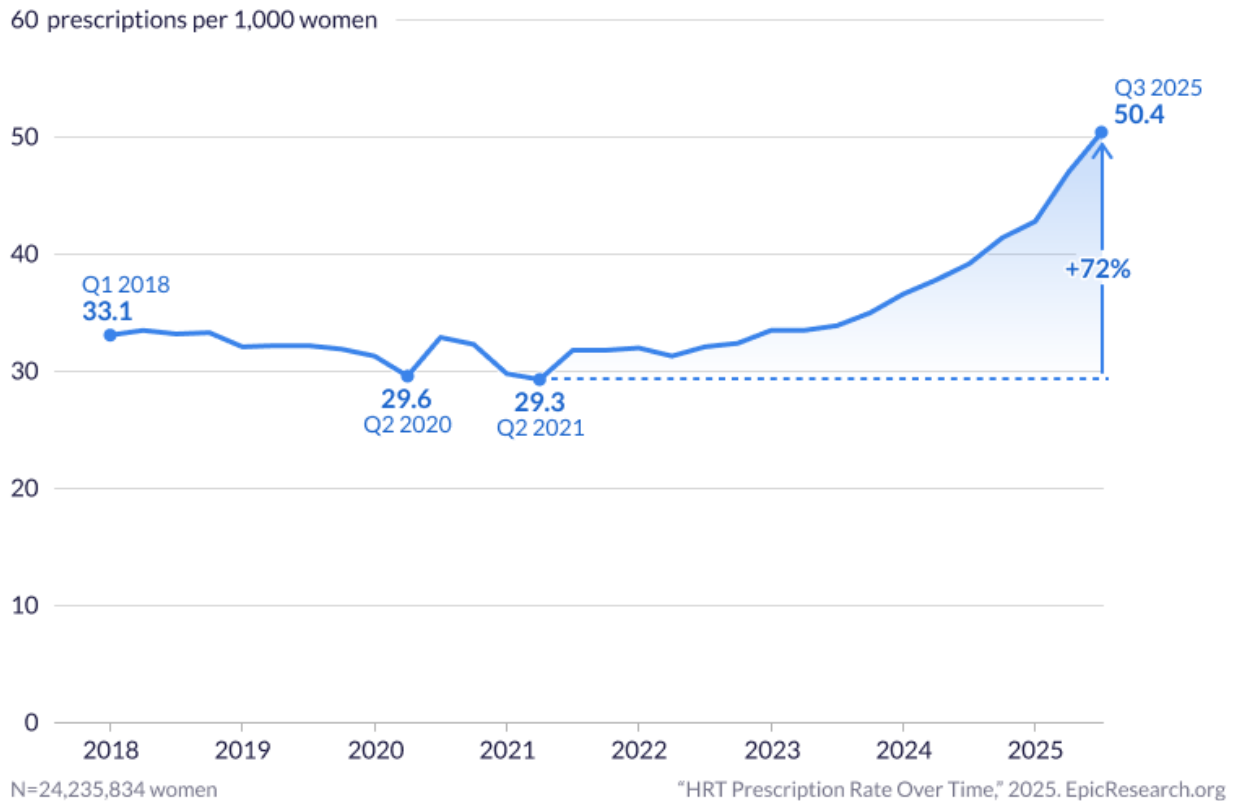


Figure 1. The rate of HRT prescriptions among women aged 50 to 65.

These findings suggest a growing clinical usage of HRT use among menopausal women in recent years, potentially reflecting updated clinical guidance and shifting perceptions of benefit-risk balance.

*These data come from Cosmos, a dataset created in collaboration with a community of Epic health systems representing more than 300 million patient records from 1,800 hospitals and more than 41,000 clinics from all 50 U.S. states, Canada, Lebanon, and Saudi Arabia. This study was completed by two teams that worked independently, each composed of a clinician and research scientists. The two teams came to similar conclusions. Graphics by Brian Olson.*

## References

1. The 2023 nonhormone therapy position statement of The North American Menopause Society. *Menopause*. 2023;30(6):573-590. doi:10.1097/GME.0000000000002200
2. FDA requests labeling changes related to safety information to clarify the benefit/risk considerations for menopausal hormone therapies. U.S. Food and Drug Administration. November 10, 2025. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-requests-labeling-changes-related-safety-information-clarify-benefit-risk-considerations>. Accessed November 11, 2025.

## Data Definitions

Term	Definition
Study period	1/1/2019 to 9/30/2025
Study population	Women aged 50 to 65 with at least one encounter and one active prescription during the study period
Denominator	An encounter and an active prescription during the given quarter
Numerator	Prescription for HRT
HRT	A medication with a simple generic, pharmaceutical subclass, or pharmaceutical class containing “progesterone,” “progestin,” “estrogen,” “estradiol,” “medroxyprogesterone,” “dydrogesterone,” “levonorgestrel,” or “tibolone” excluding those used for acne, cancer treatment, or emergency contraception
Limitations	HRT prescribed outside of Epic that has not been added to the patient’s Epic chart. We did not differentiate by medication route.

**Table 1. HRT Prescription Rate Over Time**

Quarter	Quarterly Rate
2018 Q1 (Jan 1 – Mar 31)	3.31%
2018 Q2 (Apr 1 – Jun 30)	3.35%
2018 Q3 (Jul 1 – Sep 30)	3.32%
2018 Q4 (Oct 1 – Dec 31)	3.33%
2019 Q1 (Jan 1 – Mar 31)	3.21%
2019 Q2 (Apr 1 – Jun 30)	3.22%
2019 Q3 (Jul 1 – Sep 30)	3.22%
2019 Q4 (Oct 1 – Dec 31)	3.19%
2020 Q1 (Jan 1 – Mar 31)	3.13%
2020 Q2 (Apr 1 – Jun 30)	2.96%
2020 Q3 (Jul 1 – Sep 30)	3.29%
2020 Q4 (Oct 1 – Dec 31)	3.23%
2021 Q1 (Jan 1 – Mar 31)	2.98%
2021 Q2 (Apr 1 – Jun 30)	2.93%
2021 Q3 (Jul 1 – Sep 30)	3.18%
2021 Q4 (Oct 1 – Dec 31)	3.18%
2022 Q1 (Jan 1 – Mar 31)	3.20%
2022 Q2 (Apr 1 – Jun 30)	3.13%
2022 Q3 (Jul 1 – Sep 30)	3.21%
2022 Q4 (Oct 1 – Dec 31)	3.24%
2023 Q1 (Jan 1 – Mar 31)	3.35%
2023 Q2 (Apr 1 – Jun 30)	3.35%
2023 Q3 (Jul 1 – Sep 30)	3.39%
2023 Q4 (Oct 1 – Dec 31)	3.50%

2024 Q1 (Jan 1 - Mar 31)	3.66%
2024 Q2 (Apr 1 - Jun 30)	3.78%
2024 Q3 (Jul 1 - Sep 30)	3.92%
2024 Q4 (Oct 1 - Dec 31)	4.14%
2025 Q1 (Jan 1 - Mar 31)	4.28%
2025 Q2 (Apr 1 - Jun 30)	4.70%
2025 Q3 (Jul 1 - Sep 30)	5.04%