



# Xponent (XPO) And Xponent Family — Product Definition

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## Disclaimer

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# 1. Product overview

**Product name:** Xponent family of services

**Description:** The standard Xponent offering provides estimates of **U.S. and Puerto Rico (PR)** prescriber prescriptions for customer-defined sets of products and markets for the **Retail and Mail** channels. **Xponent LTC** provides prescriber-level prescription insights for the **Long-Term Care (LTC)** channel as an optional offering. Xponent reports prescriptions **sold to patients**.

## Offering overview

| OFFERING                     | DESCRIPTION                                                                                                                                                                               |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Xponent Plantrak             | Prescriber-level prescription reporting with additional managed care insight into plans, payers, and pharmacy benefit managers (PBMs).                                                    |
| Xponent Prescribing Dynamics | Prescriber-level longitudinal prescription insights into source of business trends; managed care information is available with these source of business metrics for an additional charge. |
| Xponent LTC                  | Prescriber-level prescription insights and trends for the long-term care channel; managed care information for LTC is available for an additional charge.                                 |

## Target audience

Xponent can be used by pharmaceutical manufacturers, advertising agencies, publishers, consultants, and suppliers.



## 2. Methodology

### Design purpose

The methodology goal is to estimate total prescriptions sold to patients in the U.S. and Puerto Rico for the Retail and LTC channels. The mail channel is unprojected because relationships between mail service pharmacies, prescribers, plans, and patients are driven by contractual arrangements rather than geographic proximity; as a result, prescriber overlap across mail pharmacies is not correlated by location.

Projections are an estimation process that accounts for prescriptions from pharmacies that do not report data to IQVIA. The methodology design aligns the amount of product supplied into Retail and LTC pharmacies with the amount sold to patients by these pharmacies (e.g., if a non-sample pharmacy has no sell-in for a product, prescriptions are not projected for that product at that pharmacy). Geo-spatial adjustments are applied to address prescriber weightings so that nearer stores have more influence on estimates than stores farther away.

### Sample and universe

- Sample prescriptions (sold to patients) are provided by pharmacies in the Retail, Mail, and LTC channels (LTC is an optional inclusion for an additional charge).
- Reported sample volume is projected to a universe of prescriptions estimated to be sold to patients for the Retail and LTC channels. The Mail channel is unprojected.
- Only prescriptions sold to patients are included. Prescriptions that are filled but not picked up by the patient (e.g., voided, reversed, abandoned) are excluded from reporting and projection in the retail channel.

- The standard pharmacy universe is defined through IQVIA research and classification including:
  - » Name
  - » Address
  - » Account type
  - » ZIP verification via USPS
  - » Source verification through industry directories such as **National Council for Prescription Drug Programs (NCPDP)** and **National Provider Identifier (NPI)** and/or internet
  - » Telephone sourcing
  - » State and federal licensing such as **Drug Enforcement Administration (DEA)**
  - » Prescription volume and distance between prescriber and pharmacy
  - » Product mix and volume
- Pharmacies may have multiple business types from one location; if separate customer numbers are available, separate outlets are created. Otherwise, IQVIA classifies the pharmacy based on majority business for projection purposes.
- A pharmacy is included in only one channel (Retail, Mail, or LTC) for projections. Customer-specific modifications may be addressed via a custom solution; custom solutions do not enable re-projection of the universe to reflect new custom classification rules.
- Cross-channel reclassifications occur **four times per year** (January, April, July, and October data months) to limit potential trend breaks.

Projection methodology

- IQVIA uses a standard projection methodology; each dispensing channel is treated separately.
- **Retail and LTC:** For each product, a relationship (ratio) between sales dollars into reporting pharmacies and prescriptions sold to patients is calculated; similar relationships are applied to non-reporting pharmacies. Geo-spatial adjustments weight the closest surrounding sample pharmacies more heavily. Non-reporting pharmacies are sized using **Drug Distribution Data (DDD)** sales dollars to estimate prescriptions by product. Projected prescriptions are aligned to prescribers and plans based on proximity to nearby reporting pharmacies.
- **Mail:** Clients may purchase non-sample mail feeds and integrate them via Consulting at an additional charge.
- **Void/Reversals and Sold-Date Handling:** Sold date is collected for ~85% of prescriptions reported by sample retail pharmacies. Retail pharmacies that cannot provide sold date have a factor applied to account for voided and/or reversed prescriptions so that prescriptions reported in Xponent are only those sold to the patient.
- **Trailing Data:** Trailing data factors are used to account for prescriptions sold after the weekly period close date.

Prescriber matching methodology

IQVIA matches raw prescriber information from supplier prescriptions to the Prescriber Universe using a proprietary six-step hierarchical approach:

1. Valid DEA match
2. Valid NPI match
3. Prescriber last name + prescriber ZIP code
4. Prescriber name unique within a trading area
5. Prescriber name not unique within a trading area (adds first initial and expands office location geography)
6. Prescriber ZIP or store/patient ZIP (mail uses patient three-digit ZIP; small-population ZIP3 may roll to national "00000")

Managed care plan matching methodology (Plantrak)

- Plan matching uses prescription-level codes including Third Party Code (supplier-specific), **Bank Identification Number (BIN)**, and Group/**Processor Control Number (PCN)**.
- Each prescription is bridged using a patented **26-step** process to a 10-digit IQVIA plan number (first six digits = payer; last four digits = plan).
- First four-digits of the plan IDs repeat across payers; the full ten-digit ID should be used for plan identification.
- PBMs are represented in IQVIA's managed care universe and linked to multiple payers and plans; the adjudicating PBM can be identified using an IQVIA six-digit ID number.
- Plan decoding coverage (2024, by channel): Retail ~98%, Mail ~64%, LTC ~89%.

3. Production

Production cycle

Standard Xponent is processed weekly and monthly. A week is defined as dispensing occurring from **Saturday through the following Friday**. Months are calendar months. Split-week processing is available to support rollups to monthly sums when a data week spans two different months.

STANDARD WEEKLY PROCESSING STEPS

| STANDARD PROCESSING STEP                | STANDARD PROCESSING TIMING |
|-----------------------------------------|----------------------------|
| Data Acquisition                        | Saturday                   |
| Reformatting                            | Saturday-Sunday            |
| Trending Analysis and Quality Assurance | Monday-Wednesday           |
| Data Integration and Processing         | Thursday-Friday            |
| Client View Validation                  | Friday-Monday              |

The same processing is completed weekly for standard monthly delivery, with client validation prior to monthly publication.

## Dependencies

Production depends on sample data reported by Retail, Mail, and LTC pharmacies (LTC optional) and the timely and complete reporting of data submissions (how the pharmacist inputs the prescription). Projections are based on sell-in data (**Drug Distribution Data (DDD)**).

## Cycle times

Pharmacies may provide data daily or weekly. Dispensing data for a given period may not be reported until after the production cycle closes; late submissions are considered trailing data. Trailing data rates are predictable and adjusted via an adjustment factor.

## Data requirements

Standard deliverables include **24 months (2 years)** or **106 weeks** of data. Additional historical time periods (up to an additional 10 years beyond the standard two years) are available for an additional cost.

## Contingency plans

Imputation methodology is used if a pharmacy does not report or if data quality concerns arise. Imputation uses the pharmacy's previous dispensing pattern as the foundation and adjusts based on trends of surrounding pharmacies. IQVIA does not communicate short-term instances where imputations are used; imputations lasting **13 weeks or greater** may be communicated via the standard **Product News** process.



# 4. Challenges and limitations

- Xponent is based on a sample, not a census. All sample-based projected data (Retail and LTC) contains sampling error; estimates should be used with confidence intervals.
- Data restrictions may occur when a pharmacy does not send prescription, sales, or de-identified patient information for a particular product or plan, resulting in understatement. Restrictions may be supplier-initiated, manufacturer-initiated, or plan-initiated (privacy). IQVIA has no influence over restrictions driven by contractual arrangements. Restrictions are more prevalent in the Mail channel.
  - » If a restriction is manufacturer initiated, the manufacturer cannot receive subnational data for competitive products per the Subnational Data Access Policy.
- Xponent includes standard confidentiality guidelines: data must not be discussed with doctors, outlets, or pharmacists. Agreements prohibit disclosing Xponent data outside the client organization unless pre-approved by IQVIA (data disclosure policy/contract/third-party agreement). Pharmacy-level data cannot be provided due to supplier contract terms, and clients are prohibited from reverse engineering to identify unreported data.
- State privacy legislation can affect granularity of prescription reporting. As of 2024, the California Privacy Rights Act (CPRA) requires masking of certain prescribers who opt out via supplier or IQVIA notification; masking applies across the deliverable and historical periods produced on a go-forward basis.

# 5. Technology and service

## Delivery Platforms

Standard delivery is through **flat files** via VPN, sFTP, and File Express. Additional delivery methods are available, including relational files, **Data-as-a-Service (DaaS)** cloud hosting and delivery, and the FlexView data business intelligence platform.

## 6. Commercial

### Product offering packages

Standard Xponent is offered via a full monthly or weekly subscription; partial subscriptions are available (e.g., quarterly, semi-annual) as well as ad hoc options. Xponent LTC, Xponent Plantrak, and Xponent Prescribing Dynamics and Xponent Plantrak Prescribing Dynamics are available as add-ons or non-standard components as defined in the pricing structure.

### Pricing

Pricing is influenced by client segment and a combination of market, geography, frequency, and optional elements. Examples from standard pricing structures include:

- USC-based market pricing (with premium pricing for specialty-designated USCs)
- Frequency discounts (e.g., bimonthly, quarterly, semiannual, annual)
- Discounts for higher-level geography (non-prescriber level)
- Upcharges for additional elements (e.g., NDC, patient age, patient gender)
- Incremental pricing for weekly delivery, Xponent LTC, Xponent Plantrak, and Xponent Prescribing Dynamics

### Integration

- Xponent can be used for supply and demand analysis when used in conjunction with **DDD**
- Xponent can be integrated with elements from **OneKey**, including best address and **National Provider Identifier (NPI)**

## 7. Data sources and collection

### Data sources

Retail, Mail, and LTC pharmacies (LTC optional) and software vendors. Additional patient data sources (e.g., data switches) may be used to inform source-of-business metrics, including those reported in Xponent Prescribing Dynamics.

### Data collection frequency

Data is collected from pharmacies daily and weekly. Trailing prescriptions reported after weekly close are accounted for via a trailing data factor.

### Sampling framework

Prescriptions are received from reporting pharmacies, pass through data quality assurance processes, and are standardized by linking to IQVIA reference files and identifiers (prescribers, products, payers/plans). Standard Retail and LTC estimates are generalized using a projection factor; switch data may inform source-of-business calculations.

## 8. Data specifications

### Standard data elements (examples from standard deliverables)

- Product/Form/Strength (product name; form such as capsule/tablet/syringe; strength)
- Prescriber demographics (name, address, IQVIA prescriber ID)
- Channel (Retail, Mail, LTC)
- Specialty (primary specialty sourced from OneKey Professionals)
- New and Total Prescriptions
- New and Total Quantity (extended units)
- New and Total Dollarized Quantity
- New and Total Normalized Prescriptions
- Time Periods (weekly and monthly)

Additional data elements

- Patient Age; Patient Gender; **National Drug Code (NDC)**
- Xponent Plantrak managed care elements (PBM, payer, plan)
- Xponent Prescribing Dynamics source-of-business elements (e.g., New Therapy Start, New to Brand, Continuation, Restart Same/Different, Switch/Add)

Data update frequency

Weekly and monthly. Split-week options enable clients to use weekly data to roll up to monthly sums by identifying the data month a record belongs to when a data week spans two months.

Data inclusions/estimations/eligibility

Prescription data is collected daily and weekly from sample U.S. and Puerto Rico-based Retail, Mail, and LTC pharmacies (LTC optional) and projected to the universe of U.S.-based pharmacies. Data passes through 230 quality control edits and is standardized through bridging to IQVIA reference files; when data cannot be bridged, it is recycled until bridged. The standard projection methodology sizes sample Retail and LTC pharmacies based on reported prescriptions and sizes non-sample Retail and LTC pharmacies based on product-specific sell-in volume.

9. Metrics and measures

Standard metrics

- Coverage (2024): Retail ~94%, Mail ~72%, LTC ~75% (Retail and Mail are standard; LTC optional)
- Xponent metrics: NRx, TRx, New Units, Total Units, New Normalized Prescriptions, Total Normalized Prescriptions, New Dollarized Quantity, Total Dollarized Quantity
- Additional elements: Patient age, patient gender, NDC
- Prescribing Dynamics source-of-business metrics (e.g., NTS, Switch/Add, Continuation, Restarts, NBRx)

Delivery attributes (standard)

| OFFERING                                        | TIME PERIODS    | STANDARD HISTORY | STANDARD DAYS AFTER PROCESSING (DAP) |
|-------------------------------------------------|-----------------|------------------|--------------------------------------|
| Xponent/Plantrak/Prescribing dynamics (Monthly) | Calendar month  | 24 months        | 35 days                              |
| Xponent/Plantrak (Weekly)                       | Saturday–Friday | 106 weeks        | 11 days                              |
| Prescribing dynamics (Weekly)                   | Saturday–Friday | 106 weeks        | 14 days                              |

# 10. Reference information

Reference information used in Xponent includes:

## OneKey (prescriber universe)

Prescriber specialties and demographics used in Xponent reporting and prescriber matching

## Outlet database

Attributes and classifications for pharmacies and non-retail outlets (chain, food, mass merchandiser, mail service, and LTC where applicable)

## Product database

Links National Drug Code (NDC) to a proprietary product reference ID and assigns each product to a therapy area via **Universal System of Classification (USC)**

## Plan universe

Links Third Party Code, BIN, and Group/PCN to payer, plan, and PBM (Patented 26-step managed care bridging hierarchy)

## Patient database

Longitudinal linkage to support reporting continuity and source-of-business metrics in Prescribing Dynamics

## American Medical Association (AMA)

Supports appropriate use of prescriber-level data; includes AMA no-contact list and AMA Prescribing Data Restriction Program ( PDRP)

Dependencies include the use of DDD in universe creation and projection sizing, OneKey for specialty information, Product Database for USC/product/form/strength/NDC, and Plan Database for PBM/payer/plan/model type/method of payment

# 11. Handling data issues

## Quality controls

Before prescriptions are included in Xponent, standard quality controls are used for validation. Over 230 edits are performed at the supplier, pharmacy, and transaction levels (e.g., supplier input/output records, store count, prescriptions by day, plan code distribution; store-level prescription counts and ratios; transaction-level cost, price, quantity, refill, date, bridging). A Data Quality Assurance team performs validation, researches exceptions, and addresses missing data promptly.

## ADJUSTMENT AND ESTIMATION TECHNIQUES

| STATISTICAL TECHNIQUE                   | DEFINITION                                                                                                                                                                             | WHERE IMPLEMENTED          |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Voids and Reversal Factor (VRAF)</b> | Sold date is used for 85%+ of prescriptions; when sold date is not available, factors adjust for voided/reversed prescriptions so only prescriptions sold to the patient are reported. | Retail channel             |
| <b>Trailing Data Factor</b>             | Accounts for trailing prescriptions using historic patterns.                                                                                                                           | Retail, Mail, LTC channels |
| <b>Limited Distribution Methodology</b> | Estimates additional volume for identified limited distribution products and supplements projected volume sold to patients through non-sample pharmacies.                              | Retail and LTC channels    |
| <b>Imputation</b>                       | Estimates for periods of non-reporting using the store's previous dispensing pattern adjusted for surrounding trends.                                                                  | Retail, Mail, LTC channels |

## Blocked products

Blocked products are not accounted for in the Xponent family of services because IQVIA does not receive the data or quantification from affected suppliers. Restrictions may be supplier-, manufacturer-, or PBM/plan-initiated; manufacturer-initiated restrictions trigger competitive subnational access limitations per policy.

## 12. Summary of features

- Prescriber-level prescription reporting across Retail and Mail channels, with LTC available as an optional inclusion, based on data received directly from reporting pharmacies and suppliers rather than derived solely from switch data
- Product-specific projections informed by sell-in data (DDD)
- Standard delivery through File Express/VPN/sFTP, with relational delivery and delivery platforms including DaaS and Flexview available based on client needs
- Integration with other IQVIA offerings and reference data (e.g., OneKey enrichment)
- Patented 26-step managed care bridging hierarchy (Xponent Plantrak)
- Proprietary patient encryption enabling longitudinal insights (Xponent Prescribing Dynamics)

## 13. FAQ

*(A complete listing of FAQs is available via the standard Xponent FAQ resource. Selected examples below reflect commonly referenced topics in the source material.)*

### **Does IQVIA capture prescriptions paid by a medical benefit vs. pharmacy benefit?**

Some specialty pharmacy suppliers include prescriptions paid by medical benefit, and these may be identifiable depending on supplier reporting. However, not all specialty pharmacies can include medical claims, and therefore Xponent does not include all prescriptions paid by medical benefit.

### **Are OTC and/or device products reported in Xponent?**

Some OTC and device data may be captured and reported; however, the offering is designed to report prescription drug data.

### **How are compounded prescriptions captured?**

Capture depends on how a pharmacist enters compounded prescriptions into pharmacy systems. Reporting is not consistent; compounded transactions often fail quality edits due to invalid NDC or out-of-range cost/price/quantity and may not be included.

### **Does Xponent capture prescriptions from digital pharmacies?**

Many digital pharmacies partner with existing retail or mail pharmacies; capture depends on partner pharmacies and can vary over time.

### **Does Xponent identify prescriptions originating from telemedicine visits?**

Telemedicine origin cannot be identified in syndicated offerings because suppliers do not provide a telemedicine flag. This information may be available through claims data via Consulting and/or FIA/LAAD.

### **Why is the Xponent Mail channel not projected?**

Mail is unprojected because mail outlet-prescriber relationships are not geographically correlated in the same way as Retail.

### **Can retail and/or LTC outlets be excluded from Xponent reports?**

Excluding sample outlets is not recommended because projected channels rely on sample outlets to estimate surrounding non-sample volume; removing sample outlets changes the syndicated nature of the offering and may require a custom deliverable.

## 14. Glossary

*(Selected terms from the source glossary; additional terms may be included as needed.)*

### **Bank Identification Number (BIN)**

In most cases represents the PBM/processor used to adjudicate claims

### **Processor Control Number (PCN)**

Code on pharmacy benefit cards that routes prescription claims to the PBM for processing

### **Drug Distribution Data (DDD)**

Sell-in sales dollars used for sizing and validation in projection methodologies

### **New Prescriptions (NRx)**

Count of new prescriptions sold to patients

### **Total Prescriptions (TRx)**

Count of total prescriptions (new plus refill) sold to patients

### **New to Brand (NBRx)**

Sum of New Therapy Starts and Switch/Add

### **New Therapy Starts (NTS)**

Prescription sold to a patient who has not filled any product within the defined market during the look-back period

### **Voids and Reversal Factor (VRAF)**

Adjustment to de-duplicate transactions and exclude prescriptions not sold to the patient when sold date is unavailable

### **Trailing data**

Prescriptions reported after the period close date; adjusted using trailing data factors

### **Prescriber universe**

Criteria-based prescriber reference set limited to healthcare professionals with prescription-writing authority, updated monthly; prescriptions are reported at the unique seven-digit IQVIA prescriber ID

## 15. Data investigations and governance

Xponent follows established governance and support processes for managing data quality and client inquiries, including:

- Escalation of identified data issues through IQVIA Data Quality Assurance to Rx stakeholders including representatives from Commercial, Data Integrity, Data Science, Data Management, Supplier Services etc...
- Investigation and resolution of anomalies in line with standard quality control and validation procedures
- Use of documented response and resolution expectations (service levels) where applicable
- Communication of material for prolonged and/or impactful data situations through established IQVIA communication approaches (e.g., Product News for defined events)



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