PharMetrics® Plus Expanded — Product Definition

Version Date: May 2026

Table of contents

1. Product overview

Product name: PharMetrics® Plus Expanded

Description: IQVIA PharMetrics® Plus Expanded is a closed health plan claims database composed of fully adjudicated medical and pharmacy claims for more than 350 million unique enrollees since 2006. The database includes data from a mix of commercial, managed Medicaid, and Medicare Advantage payer types. PharMetrics Plus enables a longitudinal view of inpatient and outpatient services, prescription and office/outpatient administered drugs, costs, and detailed enrollment information.

All data are HIPAA-compliant and de-identified to protect patient privacy. The database is widely used in life sciences research, with more than 300 peer-reviewed publications leveraging PharMetrics Plus. IQVIA enhances the database through linkable patient identifiers, third-party access, and availability in native and OMOP formats.

Target audience: Primarily designed for pharmaceutical, medtech, and academic organizations engaged in Health Economics and Outcomes Research (HEOR). Use cases include patient journey analysis, burden of disease, treatment patterns, epidemiology, and healthcare utilization studies

2. Methodology

Design purpose

PharMetrics® Plus is designed to reflect a subset of the U.S. commercially insured population, providing a comprehensive view of healthcare utilization, costs, and outcomes through fully adjudicated health plan claims.

Sample and universe

PharMetrics Plus includes all healthcare interactions captured within participating health plans, including:

- Physician and emergency department visits
- Inpatient hospitalizations
- Pharmacy-dispensed drugs (mail, retail)
- Office/outpatient administered drugs and specialty pharmaceuticals

Because data are sourced directly and indirectly from health plans, users have visibility into all adjudicated claims for their patient cohorts within contributing plans.

Projection methodology

Not applicable. PharMetrics Plus is not projected and reflects actual adjudicated claims only.

3. Production

Production cycle

PharMetrics® Plus is provisioned monthly, with each database release available on the 15th of each month.

Dependencies

Data are sourced from numerous closed health plan claims suppliers. The IQVIA Patient Data Management team provisions the database monthly, standardizing all incoming data to the PharMetrics Plus data model and layout.

Cycle times

Due to the volume and complexity of supplier submissions, processing requires approximately one month. During this period, data cleansing and transformation protocols are applied to ensure HIPAA compliance and mitigate re-identification risk. Supplier formats vary and are harmonized into a standardized structure.

Data requirements

Suppliers deliver full and partial database refreshes with each monthly release, extending historical coverage by one additional month per cycle.

Contingency plans

In rare cases when a supplier misses a submission, IQVIA may use the supplier's prior month's data to maintain continuity.

4. Challenges and limitations

- PharMetrics® Plus is limited to commercially insured populations, including managed Medicaid and Medicare Advantage.
- Traditional fee-for-service Medicare and Medicaid are excluded.
- Specific health plan and payer identities are restricted due to supplier agreements.
- Visibility into drugs dispensed during inpatient hospitalizations are limited, as inpatient drugs are not itemized on health plan claims.
- Data carry a 4–6 month lag due to claims adjudication timelines.
- PharMetrics Plus is not projected and does not statistically represent the entire U.S. commercially insured population.

5. Technology and service

Delivery platforms

Standard delivery via Microsoft Azure and Amazon AWS S3. Non-standard delivery options (additional cost) include Snowflake (DaaS), Analytics Research Accelerator (ARA), and Observational Medical Outcomes Partnership (OMOP) format.

Enabling features

PharMetrics® Plus uses IQVIA's standard patient de-identification methodology, enabling linkage to other IQVIA datasets such as LAAD, Ambulatory EMR, Oncology EMR, and Hospital Charge Data Master (CDM). Integration with LAAD supports combined views of open and closed claims.

6. Commercial

Product offerings

Quarterly, monthly, and ad-hoc deliverables are available. PharMetrics® Plus carries a 4–6-month data lag due to the claims adjudication process.

Pricing

Pricing is influenced by inclusion of provider NPI, patient ZIP3, and linkable patient identifiers.

Integration

Because PharMetrics Plus is de-identified using IQVIA's standard methodology, it can be integrated with other IQVIA and third-party datasets that employ the same de-identification approach, including Ambulatory EMR, Oncology EMR, and CDM data.

7. Data sources and collection

Data sources

Data are collected from over 250 closed health plan claims sources.

Data collection frequency

Data are collected and processed monthly.

8. Data specifications

- Service dates
- Fully adjudicated claim cost information, including:
  - » Allowed amount
  - » Paid amount
  - » Deductible, copayment, and coinsurance
- Diagnosis and procedure codes
- Inpatient hospitalizations
- Provider identifiers (billing, rendering, prescribing) and specialties
- Month-by-month patient enrollment status
- Patient region and state

Data update frequency

Updated monthly, with a 4–6-month data lag.

Data inclusions/eligibility

Includes all medical and pharmacy claims from participating in closed health plan suppliers.

9. Metrics and measures

Standard metrics

Includes comprehensive medical and pharmacy claim measures such as service dates, utilization by site of care, diagnosis and procedure coding, provider identifiers and specialties, claim costs (allowed, paid, deductible, copayment, coinsurance), and patient demographics (year of birth, gender, race/ethnicity when available), along with detailed enrollment information.

Delivery metrics

Data are delivered monthly with a standard 4–6-month claims adjudication lag. Claims are not forecast or projected.

10. Reference information

Reference tables

Diagnosis, procedure, NDC, place of service, and revenue codes sourced from IQVIA master reference tables.

11. Handling data issues

Blocked products

Product data typically blocked in open prescription claims are not blocked in PharMetrics® Plus because data are provisioned from health plans.

Missing data

IQVIA applies managed algorithms to estimate values for instances of incomplete data to maximize completeness and sample fill rates.

12. Summary of features

- Fully adjudicated medical and pharmacy claims
- Longitudinal patient tracking across settings of care
- Month-by-month health plan enrollment visibility
- Detailed claim cost components
- Provider identifiers and specialties
- Broad commercial and managed Medicaid coverage
- Linkable, de-identified patient data

13. FAQ

What is the difference between PharMetrics® Plus and LAAD?
PharMetrics Plus sources fully adjudicated claims directly from commercial health plans, while LAAD is sourced from practice management systems, pharmacies, and clearinghouses and captures pre-adjudicated claims.

Are all claims confirmed paid claims?
Yes. PharMetrics Plus consists of fully adjudicated and paid claims. Restatements are infrequent.

What is the difference between source patient ID, consolidated patient ID, and linkable patient ID?
Source patient ID is payer-specific; linkable patient ID enables cross-dataset linkage; consolidated patient ID supports tracking when patients switch plans within the database.

What is the difference between self-insured and commercial plans?
Self-insured employers assume financial risk, while commercial plans involve risk borne by the insurer.

14. Glossary

Closed health plan claims
Claims settled and paid by a health plan.

Fully adjudicated claim
A claim fully reviewed and processed by a payer.

Allowed amount
Contracted reimbursable amount agreed to by the plan.

Paid amount
Amount paid by the health plan to the provider.

De-identified patient data
Data stripped of personal identifiers to protect privacy.

Claims adjudication process
Steps ensuring claims accuracy and compliance.

15. Data investigations and governance

PharMetrics Plus follows established IQVIA governance for data quality and compliance, including:

- Standard escalation and investigation workflows for data anomalies
- HIPAA-compliant de-identification and privacy controls
- Supplier contractual governance for access and use
- Communication of material data issues through established channels

CONTACT US

iqvia.com