Nebraska Medicine
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Tixagevimab/Cilgavimab (Evusheld™) Patient Prioritization Matrix

A large multidisciplinary group from Nebraska Medicine initially prioritized patients vertically in the matrix, assessing patient risk for severe COVID-19 in a specific patient population. Then a horizontal prioritization was done, assessing the amount of institutional antibody expected per month, the size of each diagnosis group and matrix cell, and risk assessment across populations.

	Congenital or Acquired Immunodeficiency	Hematologic Malignancies	Solid Tumors	Solid Organ Transplant
Risk Category 1 *Ideally treat patients within the first month of tix/cil availability*	• Hypogammaglobulinemia requiring routine IVIG administration • CVID • X-linked agammaglobulinemia (XLA) • Severe selective IgA deficiency • Severe specific Ab deficiency • Autosomal agammaglobulinemia • Autosomal recessive hyper IgM syndrome • Chronic Granulomatous Disease • Severe Combined Immunodeficiency (SCID) • Wiskott-Aldrich • Dock 8 or Stat 3 deficiency • DiGeorge Syndrome • All patients receiving anti CD20/52 therapy ≤ 1 year	• CAR T-Cell Therapy (any time) • Allo/Hapto HSCT ≤1 year • ALL/AML/MDS, on therapy • Auto HSCT ≤ 6 months • CLL, on therapy • Anti-CD20/52 antibody ≤ 1 year • ATG within 1 year in heme malignancy • cGVHD on IS ≤6 months or known/suspected lung GVHD	none	• All SOT patients following discharge from their index hospitalization • All lung and small bowel transplant recipients • SOT receiving T-cell (rATG, alemtuzumab), or B-cell (rituximab) depleting agents ≤1 year • All SOT with all 3 COVID-19 vaccine doses and a negative SARS-CoV2 antibody, if testing done/requested
Risk Category 2 *Ideally treat patients within the first 3 months of tix/cil availability*	• HIV+ with CD4<200, uncontrolled, or not on treatment	• Multiple myeloma • Lymphoma on therapy • Allo HSCT 1-3 years • Auto HSCT 6-12 months • Other chronic leukemias • Lymphoma (surveillance) • Castleman's, on therapy • Myeloproliferative neoplasms (MPN) • Aplastic anemia • Cutaneous T-cell lymphoma (CTCL) on topical treatment	• Curative intent + adjuvant cytotoxic chemotherapy ≤ 6 months • Lung cancer on treatment	• SOT and on antimetabolite (heart within 1 year, renal within 9 months, liver within 6 months) • All SOT patients on belatacept, regardless of time from transplant • All heart transplant recipients
Risk Category 3 *Ideally treat patients within the first 6 months of tix/cil availability*	• HIV+ controlled on treatment, with comorbidities, and unvaccinated • Patients receiving antimetabolite therapies (eg. cyclophosphamide, azathioprine, mycophenolate, cyclosporine, tacrolimus, Janus kinase inhibitors, or moderate- to high-dose prednisone >20mg daily)	none	• Non-curative intent (i.e. metastatic disease) on cytotoxic chemotherapy	• All abdominal transplant recipients within 5 years of transplant and on antimetabolite • Any SOT patient and age >65 years
Risk Category 4 *Patients are EUA eligible, however, initially deprioritized for treatment until higher risk categories complete*	• Most specific Ab deficiency patients • Most selective IgA deficiency patients • Complement deficiencies • HIV+ controlled on treatment with no comorbidities or vaccinated • Patients on immunosuppressive therapy for other conditions • Immunocompetent w/COVID-19 vaccine contraindication	none	none	• Any other SOT recipients

Consider delayed administration for: Symptomatic COVID-19 disease <1 month, excluding patients with chronic COVID-19 syndrome; other COVID-19 monoclonal antibody infusion <1 month; COVID-19 vaccination <2 weeks

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