## 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.

<table>
<thead>
<tr>
<th>Risk Category 1</th>
<th>Congenital or Acquired Immunodeficiency</th>
<th>Hematologic Malignancies</th>
<th>Solid Tumors</th>
<th>Solid Organ Transplant</th>
</tr>
</thead>
</table>
| 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 Immune Deficiency (SCID)  
- Wiskott-Aldrich  
- Döcke 8 or Stat 3 deficiency  
- DiGeorge Syndrome  
- All patients receiving anti CD20/52 therapy < 1 year | - CAR T-Cell Therapy (any time)  
- Allo/Haplo 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 hem 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 |

<table>
<thead>
<tr>
<th>Risk Category 2</th>
<th>Hematologic Malignancies</th>
<th>Solid Tumors</th>
<th>Solid Organ Transplant</th>
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</thead>
</table>
| 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 |

<table>
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<tr>
<th>Risk Category 3</th>
<th>Hematologic Malignancies</th>
<th>Solid Tumors</th>
<th>Solid Organ Transplant</th>
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</thead>
</table>
| 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) | - 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 |

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<tr>
<th>Risk Category 4</th>
<th>Hematologic Malignancies</th>
<th>Solid Tumors</th>
<th>Solid Organ Transplant</th>
</tr>
</thead>
</table>
| 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

Last revision: 12-21-2021