



**Amyloidosis Support Groups**  
**866-404-7539 toll free - USA**

**2024 FINANCIAL ASSISTANCE PROGRAMS (US Patients Only)**

Income Threshold of 500% = Single Person - \$75,300 Family of 2 - \$102,200	Income Level ≤ Percentage of Federal Poverty Rate	Max Award Level	Name of Fund	Patient Must Be on Medicare	Fund Type	Email/Wait List?
<b>Patient Assistance Network (PAN Foundation)</b> www.panfoundation.org	500%	\$3,250	Amyloidosis- Patients may apply for additional assistance at the end of their eligibility period, subject to the availability of funding.	Yes	Copays	Yes
<b>Patient Assistance Network (PAN Foundation)</b> www.panfoundation.org	500%	\$500	Transportation Financial Assistance	Yes	Only if Covered By Amyloidosis Fund	N/A
<b>Healthwell Foundation</b> www.healthwellfoundation.org	500%	\$8,000	Amyloidosis	No	Copays or Premiums	Yes
<b>Healthwell Foundation</b> www.healthwellfoundation.org	500%	\$10,000	Cardiomyopathy	Yes	Copays or Premiums	Yes
<b>The Assistance Fund</b> www.tafores.org <i>(Sign up for Waitlist)</i>	Not Stated on Website	Not Stated on Website	Amyloidosis	No	Copays, Travel, Premiums	Yes

**Pharmaceutical Assistance Programs:**

- www.akceaconnect.com for Tegsedi 1-866-252-3289
- www.AlnylamAssist.com for Onpattro & Amvuttra 1-833-256-2748
- www.vyndalink.com for Vyndaqel & Vyndamax 1-888-222-8475
- www.myaccess360.com for Wainua 1-844-275-2360

\*\*Pfizer patients In Canada go to <https://www.pfizer.ca/en/our-products/assistance-programs>

**Be sure to sign up for FundFinder Alerts at [www.panfoundation.org/fundfinder/](http://www.panfoundation.org/fundfinder/)**

Persons in Family or Household	If you live in 48 Contiguous States, Your household income must be at or below				If you live in Alaska Your household income must be at or below				If you live in Hawaii Your household income must be at or below			
	300%	400%	500%	600%	300%	400%	500%	600%	300%	400%	500%	600%
1	\$45,180	\$60,240	\$75,300	\$90,360	\$56,430	\$75,240	\$94,050	\$112,860	\$51,930	\$69,240	\$86,550	\$103,860
2	\$61,320	\$81,760	\$102,200	\$122,640	\$76,620	\$102,160	\$127,700	\$153,240	\$70,500	\$94,000	\$117,500	\$141,000
3	\$77,460	\$103,280	\$129,100	\$154,920	\$96,810	\$129,080	\$161,350	\$193,620	\$89,070	\$118,760	\$148,450	\$178,140
4	\$93,600	\$124,800	\$156,000	\$187,200	\$117,000	\$156,000	\$195,000	\$234,000	\$107,640	\$143,520	\$179,400	\$215,280
5	\$109,740	\$146,320	\$182,900	\$219,480	\$137,190	\$182,920	\$228,650	\$274,380	\$126,210	\$168,280	\$210,350	\$252,420
6	\$125,880	\$167,840	\$209,800	\$251,760	\$157,380	\$209,840	\$262,300	\$314,760	\$144,780	\$193,040	\$241,300	\$289,560
7	\$142,020	\$189,360	\$236,700	\$284,040	\$177,570	\$236,760	\$295,950	\$355,140	\$163,350	\$217,800	\$272,250	\$326,700
8	\$158,160	\$210,880	\$263,600	\$316,320	\$197,760	\$263,680	\$329,600	\$395,520	\$181,920	\$242,560	\$303,200	\$363,840
For each additional person add	\$16,140	\$21,520	\$26,900	\$32,280	\$20,190	\$26,920	\$33,650	\$40,380	\$18,570	\$24,760	\$30,950	\$37,140

SOURCE: Federal Register, January 16, 2024

<https://aspe.hhs.gov/poverty-guidelines>