

3. Drug Trademark Dispute- Economy

The following report details the legal and pharmaceutical intricacies of the trademark dispute between Novo Nordisk and Dr. Reddy's Laboratories (DRL), a case that reinforces India's stringent standards for medicinal branding.

1. Background

The Dispute

Novo Nordisk, the global patent holder for the blockbuster drug Semaglutide, filed a lawsuit in the Delhi High Court alleging trademark infringement. The conflict centers on DRL's proposed brand name 'Olymviq', which Novo Nordisk claims is phonetically and visually "deceptively similar" to their flagship brand 'Ozempic'.

Key Definitions

Deceptive Similarity – A legal concept where a trademark is so close to an existing one that it is likely to deceive or cause confusion among consumers. In pharmaceuticals, the threshold for similarity is much lower because errors can lead to health catastrophes.

Status Quo – A legal directive to maintain the current state of affairs. In this case, DRL agreed to halt the manufacturing and marketing of 'Olymviq' until the court reaches a final decision.

Generic Drug – A medication created to be the same as an already marketed brand-name drug in dosage form, safety, strength, and route of administration.

2. About the Weight Loss Drugs (Semaglutide)

Semaglutide has revolutionized the treatment of Type-2 diabetes and obesity. With the recent expiry of certain patents, the market is transitioning from a monopoly to a competitive landscape.

Mechanism of Action – Semaglutide is a GLP-1 (Glucagon-Like Peptide-1) receptor agonist. It mimics a hormone that targets areas of the brain that regulate appetite and food intake.

Global Brands – Marketed by Novo Nordisk as Ozempic (for diabetes) and Wegovy (for chronic weight management).

The Indian Generic Entry – Following patent expirations, Dr. Reddy's launched a generic version under the brand name 'Obeda'. The dispute arose when the company sought to register additional names like 'Olymviq'.

Market Impact – The entry of generics is expected to significantly reduce prices, improving accessibility for millions of patients in India.

3. Potential Violations and Legal Framework

The Indian judiciary views pharmaceutical trademarks differently than FMCG products (like soaps or biscuits).

Violation of the Trade Marks Act, 1999

1. Section 11 – Prohibits the registration of marks that are likely to cause public confusion or are similar to well-known trademarks.
2. Section 13 – Explicitly states that International Non-Proprietary Names (INN)—which identify the active ingredient—cannot be monopolized or registered as trademarks.

The "Cadila" Doctrine

In the landmark case *Cadila Healthcare Ltd vs Cadila Pharmaceuticals Ltd*, the Supreme Court established that –

1. Stricter scrutiny must be applied to medicines compared to other goods.
2. Even a "slight resemblance" can be restrained because "drugs are poisons, not sweets."
3. Confusion in medicines can lead to wrong prescriptions and adverse health outcomes.

Breach of International Standards

1. **INN System Non-Compliance** – Drug names derived from the INN (Semaglutide) must remain distinct. If a brand name is too close to a protected brand or an INN stem, it risks misleading healthcare professionals.

4. International Non-Proprietary Names (INN)

The INN system is the global language of pharmacology, managed by the World Health Organization (WHO).

Feature	Details
Origin	Initiated in 1950; operational since 1953.
Purpose	To provide a unique, globally recognized name for every active pharmaceutical ingredient (API).
Ownership	Non-proprietary. They are public property and cannot be owned by any single company.
Common Stems	Uses specific suffixes to identify drug classes. (e.g., “-olol” for beta-blockers, “-glitazone” for antidiabetics).
Significance	Ensures clear communication between doctors, pharmacists, and researchers worldwide, preventing “brand confusion.”

5. Implications of the Dispute

The resolution of this case will set a precedent for how generic manufacturers brand their products in India’s high-growth obesity market.

Innovation vs. Accessibility – While patent expiry allows for affordable generics, the court must ensure that “accessibility” does not come at the cost of “brand safety.”

Public Health Safeguards – This reinforces that pharmaceutical companies must exercise extreme caution in naming to prevent medical errors.

Regulatory Rigor – Highlights the role of the Central Drugs Standard Control Organisation (CDSCO) and the courts in enforcing ethical marketing standards.

Strengthening IP Enforcement – It signals to global players that India’s trademark regime is robust enough to protect established brands from deceptive generic naming.

Conclusion

The Novo Nordisk vs. Dr. Reddy’s case is a reminder that in the pharmaceutical world, a name is more than just a label—it is a critical safety component. As India becomes a hub for generic versions of advanced biological drugs, the balance between protecting intellectual property and ensuring safe public access to affordable medicine remains a top judicial priority.

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