Background and aim: Basal insulin administration is often insufficient to attain guidelines treatment goals. This analysis was performed to determine the unmet need (UN) of basal insulin therapy among Latin American T2DM insulin-naïve patients. Methods: We used data from randomized/multicenter 4013 and L2T3 trials, which compared the efficacy/safety of insulin glargine, NPH or detemir administration to insulin-naïve T2DM patients. Patients with UN were those not achieving HbA1c<7% despite having a FBG<130 mg/dL while patients achieving goals (AG) reached both targets. Results: From a total of 417 patients, 52.04% had UN, 26.86% AG and 20.86% portrait both HbA1C and FBG above target values. At baseline, the UN group had a mean age (57.99 vs. 55.37 years, p=0.0209) and diabetes duration (11.04 vs. 9.51 years, p=0.0376) significantly greater than the AG cohort, while opposite values were recorded for mean body weight (68.71 vs. 73.65 kg, p=0.0015). Both cohorts diminished HbA1c and FBG during the trial while body weight, BMI and basal insulin dose increased. The UN cohort had a lesser reduction in mean HbA1c (-1.17 vs. -2.41%, p=0.0001) during that period and a greater increase in body weight (3.77 vs. 2.89 kg, p=0.0342) and BMI (1.5 vs. 1.1 kg/m2, p=0.0172) than the AG cohort, but no differences in the change in basal insulin dose and hypoglycemic events. Higher baseline HbA1c (1.91, p=0.0001) and female gender (2.17, p=0.0027) were significant predictors of UN. Conclusions: Tight PPG control and body-weight loss may improve T2DM management in patients with UN. Sanofi funded